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DESIRE SATISFACTION THEORIES AND
THE PROBLEM OF DEPRESSION

by

Andrew Spaid

A DISSERTATION

Presented to the Faculty of
The Graduate College at the University of Nebraska
In Partial Fulfillment of Requirements
For the Degree of Doctor of Philosophy

Major: Philosophy

Under the supervision of Professors Joseph Mendola and John Brunero

Lincoln, Nebraska

April 2020

DESIRE SATISFACTION THEORIES AND
THE PROBLEM OF DEPRESSION

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This dissertation argues that the desire satisfaction theory, arguably the dominant theory of well-being at present, fails to explain why depression is bad for a person. People with clinical depression desire almost nothing, but the few desires they do have are almost all satisfied. So it appears the theory must say these people are relatively well-off. A number of possible responses on behalf of the theory are considered, and I argue that each response either fails outright, or requires modifications to the desire satisfaction theory which make the theory unattractive for other reasons.

Dedication

I dedicate this dissertation to my parents, without whom neither it nor I would exist.

Acknowledgments

I would like to thank my advisors, Joe Mendola and John Brunero, my colleagues and friends Gabe Bruguier and Aaron Elliott, and the other members of the UNL philosophy department for the immense help they gave me over the years.

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CHAPTER 1: WELL-BEING, DESIRE THEORY, AND THE PROBLEM OF DEPRESSION

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1.1 Introduction

This work explores one problem for what may be the most popular theory of well-being at present, the desire satisfaction theory.¹ A theory of well-being is an attempt to give an account of what it means to live a good life. The desire satisfaction theory says, roughly, that having a good life is a matter of getting what you want. Less roughly, it says that getting what you want, or “desire satisfaction,” is the only thing which is good for you and is always good for you, and not getting what you want, or “desire frustration,” is the only thing which is bad for you and is always bad for you. A person’s

¹ Daniel Haybron, *The Pursuit of Unhappiness*, (New York: Oxford University Press, 2008), 34. According to Haybron, “the theory to beat is the desire-fulfillment theory of well-being.” I follow Haybron in referring to the view as simply the “desire theory” for the sake of concision.

level of well-being can therefore be determined simply by looking at how many of their desires are satisfied. The more of their desires are satisfied, the better they are doing.

An advantage of this theory over its rivals is its flexibility in what sort of life it allows to count as a good life. Since people can desire almost anything, almost any type of life can count as good, according to the theory. All that matters is that the person living that life is getting what they want. Rival theories of well-being either make something good for a person even when they do not want it, or they fail to take into account a person's unique interests in explaining what is good for them (or both). For example, according to hedonism about well-being, a life goes well to the extent that it contains pleasure. Most people think pleasure is part of a good life. But some people may want other things instead. A dedicated scientist or athlete may desire a life high in achievement in their field, even if this life involves less pleasure than a life low in achievement. Hedonism says that a life of high achievement and low pleasure is always worse than a life higher in pleasure but lower in achievement. The desire theory, however, allows that the life of the dedicated scientist or athlete can be a good life even when those lives are low in pleasure because the people living them are getting what they want. At the same time, a life high in pleasure and low in achievement can also be a good life, on the desire theory, as long as that is what they desire. This shows that the desire theory is more flexible than other theories in what kind of life it counts as a good life.

This same flexibility is also a problem for the theory, however. Some lives are bad lives even when the person living it seems to be getting what they want. For example, an addict may be uninterested in getting help for her addiction. A member of a

religious cult who has been brainwashed may claim there is nothing about his life he would want changed. Intuitively, these peoples' lives are not going well. But because they are getting what they want, the desire theory seems committed to saying their lives are going well.

The desire theorist has three ways of responding to such counterexamples. The first is to argue that standard versions of the theory can explain why the person in the purported counterexample is not living a good life. The desire theorist may argue, for example, that despite appearances, the addict is not really getting what she wants (or is getting less of what she wants than if she were not an addict) , and so the theory can explain why her life is not going well. The second type of response is to revise the desire theory in a way that avoids the problem. This may involve, for example, adding to the desire theory a non-standard condition which rules out desires that are the product of addiction. The third type of response is to bite the bullet and accept that, in the purported counterexamples, the person is getting what they want, but argue that we were wrong to think it is a bad life.

The best response for the desire theorist will depend on the details of each counterexample. In the cult member case, for example, the best response may be to bite the bullet, while in the addict case, the best response may be to argue that the desire theory has the resources to explain why that life is bad. Because the details matter, each counterexample must be considered on its own. Some may be easily dealt with because the theory straightforwardly explains away the problem, or the bullet is not a big one to bite.

This work explores a counterexample to the desire theory like the two discussed: the life of the clinically depressed person. Depressed people generally lack desires for things which nevertheless seem to be good for them, like friendship and future happiness. They stop going to work, attending social functions, bathing and cleaning, and getting out of bed. They stop eating and drinking, and in some cases they stop moving altogether (catatonic depression).² They stop doing these things because depression has eliminated their desire to do them. The few desires they do have are easily satisfied. They desire to sleep and to avoid seeing others, for example, and they do these things. So despite having almost no desire to do anything, or because of this fact, they appear to be getting nearly everything they want. As in the previous two examples, since the desire theory says a person's life is going well to the extent that they are getting what they want, the theory seems committed to saying the depressed person is living a good life. But this seems wrong. They are not living a good life.

I focus on the case of depression because, though similar to the other counterexamples mentioned, it is an especially difficult counterexample to respond to. Standard versions of the desire theory do not seem able to explain why the depressed life is bad. The bullet in this case seems like a big one to bite, making that response unattractive. And while revisions to the theory may solve the problem, it is unclear how drastically the theory would have to be revised to deal with the problem.

In this chapter, I discuss the case of depression and try to make clear why it poses a problem for the desire theory. In subsequent chapters, I explore ways the desire theorist can respond to the problem. In doing so, I largely ignore the bullet biting response,

² American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, (Arlington: American Psychiatric Association, 2013), 119, 120, 186.

though I say a few words later in this chapter to highlight the costs of making this response. Thus, subsequent chapters focus on exploring different ways of making the first two responses. Later in this chapter, I will introduce some standard versions of the desire theory, and Chapter 2 is devoted to exploring ways the desire theorist can respond to the problem of depression by showing that the badness of being depressed can be explained by these standard versions. The third chapter looks at ways the theory could be revised to avoid the problem. Since some ways the theory can be revised may involve giving up on aspects of the theory which make it attractive, it will be important in that chapter to consider the consequences of these revisions. For this reason, in the next section of this chapter, I look briefly at some of the desire theory's chief attractions.³

1.2 Well-being, Subjectivism, Objectivism, and Hybrid Theories

1.2.1 Well-being

a. The concept. Before moving on, a few clarifications about the topic of well-being are important. First, a theory of individual well-being is a theory about what makes a person's life go well or badly for them. Several terms are commonly used as synonyms for 'well-being.' When we are concerned with an individual's well-being, we are concerned with their 'welfare,' 'happiness,' 'prudential good,' and 'quality of life.' If we wished to know about a person's level of well-being, we might ask how well they are doing, how good their life is, whether they are living a good life, or whether they are happy. It may seem that at least some of these terms have different meanings. A

³ The standard theory/revised theory distinction is a somewhat artificial one, since there are really only more and less radical departures from the historically popular versions of the theory. I rely on the distinction primarily because those who are familiar with the literature on desire theory tend to naturally see some responses to objections as working within the theory and other responses as being revisions to the theory.

flourishing life, for example, may seem to involve more than mere happiness. However, I will follow convention by using these terms to refer to the same concept as ‘well-being’ refers.

These different ways of referring to well-being may give some idea of what a theory of well-being is supposed to be a theory of, but it would be helpful to say more than this. First, a prudentially good life should be distinguished from other ways a life can have value. Stephen Campbell lists seven kinds of non-prudential value that a life can have.⁴ Of these, I will mention only three. A life can be *impersonally good* or *good simpliciter* when one’s life makes the world contain more value. A life can make the world contain more value but be bad for the person living it. A person’s aesthetic or scientific achievements could, on some views, add value to the world but the person responsible for those achievements could live a bad life despite or because of those achievements. So a life that is good for the world should be distinguished from a life that is good for the person living that life. A life can be *morally good* when it is filled with morally good actions or with virtue. But doing the right thing can involve making personal sacrifices. So a morally good life is not the same thing as a prudentially good life. Finally, a life can be perfectionistically good when the person living it fulfills or perfects their nature. But it is at least not a conceptual truth that being good at what you are designed to do is both necessary and sufficient for living a good life.

It may turn out that one or several of these other types of good lives overlap with the prudentially good life. A prudentially good life may require that one be a morally good person. It could even turn out that the prudentially good life just is the morally

⁴ Stephen M. Campbell, “An Analysis of Prudential Value,” *Utilitas: A Journal of Utilitarian Studies* 25, no. 3 (2013): 335–36.

good life. But if true, this would be a discovery and not something we are justified in assuming from the outset. Keeping these different kinds of good life apart in our minds is important when theorizing about the nature of well-being. Several philosophers have recently argued that the intuition many people have about Nozick's experience machine example—namely, the intuition that the experience machine life is not to be preferred over a slightly less pleasant real life—results from our focusing on the absence of non-prudential values in the experience machine life.⁵ By asking us which life we prefer, the question allows that we might prefer a real, non-machine life because it would lead to more non-prudential goods, like moral goods, than the machine life. This problem with the experience machine thought experiment and the lessons we are supposed to draw from it is the result of not paying attention to the difference between prudential goods and other kinds of goods.

Similar problems may arise for the case I intend to focus on in the present work. I am counting on the reader to have the intuition that the depressed person in the sorts of cases I describe is not living a good life. But even if the reader has that intuition, the intuition may result from focusing on ways a depressed life can lack other sorts of value besides prudential value. This would be a problem for my argument if, once these non-prudential values were screened off, we had the intuition that the depressed life is not a prudentially bad life. For example, depression may seem bad in the cases I describe because it blocks the creation of moral and aesthetic value, rather than because of any effect it has on a person's well-being. If that's right, the depression case would not be a counterexample to the desire theory.

⁵ For a defense of this objection, see Joseph Mendola, "Intuitive Hedonism," *Philosophical Studies: An International Journal for Philosophy in the Analytic Tradition* 128, no 2 (2006): 449-451.

b. Intrinsic value. Theories of well-being start by attempting to construct a list of things which contribute to and detract from a person's welfare. Things that contribute to welfare are said to be good for a person or have "prudential value," and things which detract from well-being are bad for a person or have "prudential disvalue."⁶ Ideally, the list will not contain things which are valuable only because they are a means to obtaining or bringing about other prudential values. Money is an example of something like this. Although having money improves your life, it is not because having it, by itself, is good for you. It is good for you only because it allows you to buy things which make your life better, such as food and shelter, among other things. Even food and shelter may have only instrumental value. Having those things is good for you because having them is essential to getting other things that are good for you. Things which are good for you *in themselves*, regardless of what they can be used to get, are said to have "intrinsic value," and theories of well-being are concerned with identifying these.⁷ A list of intrinsic values might include "love," "knowledge," "freedom," or "pleasure." Having these things in your life, by themselves, make you better off.

One might wonder why theories of well-being are not also concerned with determining what things are needed to effectively get what has intrinsic value. Questions about the best way to get bring about a good life, such as whether it is better to find a

⁶ For the sake of brevity, I will ignore disvalue in the remainder of this section and mention only value, but the discussion can be understood to be about both.

⁷ This way of describing the distinction runs together several distinctions which some prefer to keep apart. Some prefer to contrast "intrinsic" with "extrinsic" value, and to contrast "instrumental" with "final value" or "ultimate" value (See Christine M. Korsgaard, "Two Distinctions in Goodness," *Philosophical Review* 2 (April 1, 1983): 169–96.) The intrinsic/extrinsic value distinction is about whether an object is valuable in virtue of intrinsic properties of the object or extrinsic properties, whereas the instrumental/final value distinction is about whether an object is valuable as an end or as a means to some other valuable end. Sentimental attachments, like an old ring, may have final extrinsic value because the object has value only because of its relationship to something else.

practical career or to do what you love, are important questions. But, just as figuring out the quickest way to get somewhere cannot begin until one knows where they are going, practical questions about the most effective way of achieving the good life require first knowing what the good life is. Theories of well-being attempt to answer this more basic question.

c. Theories of well-being. Much of the literature on well-being is devoted to defending views about what is intrinsically good for a person—what things are good for a person independently of what else they contribute to a person's life. For example, hedonism says that pleasure is the only thing on the list of prudential goods,⁸ whereas the desire theory says that the satisfaction of one's desires is the only thing on the list. But to be useful, a theory of well-being should tell us more. For the things which the theory says have intrinsic value, the theory must tell us whether all instances of those things have the same value, or whether the presence or absence of certain other properties modulate the value of those objects. Some hedonists hold that more intense pleasures have more value than less intense pleasures. Similarly, desire theorists sometimes hold that the satisfaction of a stronger desire is more valuable than the satisfaction of a weaker desire (though they disagree about what makes one desire stronger than another). Instances of pleasure or desire satisfaction which are produced in the wrong way, such as being based on false information, may have no value at all on some theories.

In addition to telling us what is intrinsically good and bad for us, a theory of well-being ought also to tell us about how to use this information to determine a person's level

⁸ Shelly Kagan has recently spawned renewed debate about whether hedonism is a form of value monism or pluralism because of differences between pleasure and pain (Shelly Kagan, "An Introduction to Ill-being," *Oxford Studies in Normative Ethics* 4 (2014): 261-288).

of well-being. It should tell us how well off a person is both at a time and during an interval of time, including an entire life. Making this determination may seem straightforward once we have the list of intrinsic goods. It may seem merely to be a matter of adding up the value present in a person's life at a time, and then summing those values across time to get the value of an interval of time. But there are different ways of approaching this question of measurement. As we will see in chapter 3, these differences in approaches to measurement sometimes depend on details of a particular theory. In other cases, the differences cut across theories. One example is whether the distribution of intrinsic goods across a person's entire life is relevant to determining a person's welfare at a time. "Holistic" approaches to measurement differ from the simple picture of measurement just mentioned in that well-being at a time depends on more than just the amount of intrinsic goods present in the person's life at that time. According to holistic theories, other facts about a person's life, such as at what stage in their life they get certain goods, affect how much value those goods contribute.⁹

1.2.2. Subjectivism, objectivism and hybrid theory

As mentioned, some responses to the problem of depression involve making revisions to the desire theory. These responses may succeed in avoiding the problem, but at the cost of giving up features of the desire theory which make it attractive in the first place. Therefore, it is worth spending a few moments to look at what some these attractions are.

⁹ For a recent defense of a version of holism, see Dale Dorsey, "The Significance of a Life's Shape," *Ethics: An International Journal of Social, Political, and Legal Philosophy* 125 no. 2 (January 2015): 303–330.

The desire theory is a version of subjectivism about well-being, and the main attractions of the desire theory of well-being are the main attractions of subjectivist theories about well-being more generally. To understand what these attractions are, it is necessary to first understand what distinguishes subjectivist theories from their alternatives: objectivist views and so called “hybrid theories.” According to subjectivism about well-being, a thing is good for a person just when and because that person has a pro-attitude toward it. Pro-attitudes are favoring attitudes toward an object, such as liking, valuing, wishing, and desiring. Objectivist views hold that some things are good for a person even when that person lacks a pro-attitude toward it. The ‘because’ in the definition of subjectivism should be understood as a grounding or explanatory relation between the fact that a person has a pro-attitude toward an object and the fact that it is good for them. This relation is taken to be essential to the distinction between subjectivism and its alternatives.¹⁰ Without it, the subjectivist view would say that a thing is good for a person *if and only if* that person has a pro-attitude toward it. But consider an objectivist view which holds that only *x*, *y* and *z* are valuable, and suppose it turns out that, necessarily, everyone always and only intrinsically desires *x*, *y* and *z*. This objectivist view would count as subjectivist because everything on its list is desired and everything desired is on its list. But subjectivists and objectivists would disagree over why those things are on the list. Though important, for the sake of simplicity, I will leave out the “because” part of the formulation of subjectivist views in what follows, letting it be implicit.

¹⁰ As Sobel puts the point, “What defines an account of well-being as subjective is the thesis that an agent’s desires ground what makes something good for her...subjectivists claim that the relevant sort of desire grounds, not merely tracks, the truth of claims about what is good for a person.” (David Sobel, “Subjectivism and Idealization,” *Ethics* 119 (January 2009): 336–37.)

We can therefore understand a view to count as subjectivist if it says that having a pro-attitude toward an object is both necessary and sufficient for it to be valuable. I will refer to the necessity of a pro-attitude for a thing to count as valuable as the ‘necessity condition’ and the sufficiency of a pro-attitude for a thing to count as valuable as the ‘sufficiency condition.’

Necessity Condition: For any subject *S* and any object *x*, *x* is good for *S* *only if* *S* has a pro-attitude of type *A* toward *x*.

Sufficiency condition: For any subject *S* and any object *x*, *if* *S* has a pro-attitude of type *A* toward *x*, then *x* is good for *S*.

A view counts as objectivist if it denies both the necessity and sufficiency conditions. Hybrid views about well-being are said to occupy a middle ground between objectivism and subjectivism. They occupy this middle ground by endorsing either the necessity condition or the sufficiency condition, but not both. An example of the “sufficiency version” of the hybrid theory would be one which held that anything desired is thereby good for a person, but pleasure is good for a person even when it is not desired. An example of the “necessity version” of the hybrid theory would be a theory which holds that knowledge, pleasure and virtue are the only things intrinsically good for person, and good for a person only when desired. The necessity version of the hybrid theory has become virtually synonymous with “hybrid theory” in the literature on well-being because, unlike the “sufficiency version,” it is thought to have all the advantages of

subjectivist and objectivist theories without the disadvantages. I will follow this convention and henceforth use “hybrid theory” to refer to the necessity version unless otherwise noted.

1.2.3 Two Advantages of Subjectivism

We can turn now to the advantages and disadvantages of subjectivism. These can largely be understood as advantages or disadvantages of meeting or failing to meet the necessity and sufficiency conditions. Let’s begin with the advantage to a theory of meeting the necessity condition. Theories which meet this condition have the advantage of avoiding making what is good for a person alien to them. How, it is asked, can a thing be good for a person if it leaves them completely cold, or fails to “resonate” with them in any way? A life can only be a good life for a person if the person living it is not completely alienated from it. Subjective theories and hybrid theories satisfy the necessity condition, and so ensure that what is good for a person is not alienating to them. Objectivist theories fail to meet the necessity condition, and thereby have the result that a good life for a particular person could be one they do not find attractive.

The idea that a theory of well-being ought to make what is good for a person attractive to them is known as the “resonance constraint”:

Resonance constraint: an adequate theory of well-being must not make what is intrinsically good for a person something they cannot find attractive.¹¹

¹¹ To my mind, the term “resonance constraint,” which has also been used to describe a similar constraint on the existence of reasons, is a misnomer, since “constraint” suggests a generally accepted condition on what counts as an adequate theory. But objectivist theorists will not accept this condition. Perhaps better would be “resonance intuition.”

I will not defend or criticize this condition. But it is worth noting that, if the resonance constraint is to be used as an argument in favor of subjectivist and hybrid theories and against objectivist theories, as it has been, more must be said about why such an argument does not simply beg the question against objectivist theories. After all, saying that a person does not or cannot find an object attractive seems to be another way of saying that that person lacks a pro-attitude toward it.

In virtue of meeting the sufficiency condition, subjectivist views have a second advantage. Because this condition says that my having a pro-attitude toward an object is sufficient for it to be good for me, theories which meet this condition form the list of what is good for a person around that person's perspective. Dale Dorsey claims that this feature of subjectivist views is "one of the primary advantages of subjectivism."

Subjectivism is able to explain the seemingly plausible connection between what a person values for his or her own sake and what is valuable for him or her for its own sake. As noted by Richard Arneson, subjectivism is characterized, and in part motivated, by the plausible thought that a person should be sovereign over his or her good—his or her evaluative perspective (at least under the right conditions) should determine his or her well-being.¹²

¹² Dale Dorsey, "Subjectivism without Desire," *Philosophical Review* 121, no. 3 (2012): 409.

Similarly, Jennifer Hawkins writes that subjectivism "...is committed to what I shall call the authority of the individual's evaluative perspective."¹³ These authors emphasize that an important attraction of subjectivist theories is not merely that they require that you care about what is good for you (resonance), but that you are sovereign or have authority over what counts as good for you. Theories which do not meet the sufficiency condition may be described as "paternalistic," in the sense that they pay little or no attention to person's perspective in determining what is good for them. We can refer to this advantage of subjectivist theories as the "anti-paternalism" advantage:

Anti-paternalism: a theory of well-being ought to respect an individual's perspective by giving that person significant authority over what sort of life counts as good for them.¹⁴

An objectivist theory does not have this advantage because it fails to take into account an individual's pro-attitudes in determining what is good for them. Unlike objectivist theories, hybrid theories do take an individual's perspective into account to some extent by requiring that person have a pro-attitude toward what is supposed to be good for them. But the extent to which a person's perspective is relied on is minimal. A

¹³ Jennifer Hawkins, "The Subjective Intuition," *Philosophical Studies: An International Journal for Philosophy in the Analytic Tradition* 148, no. 1 (2010): 62.

¹⁴ Anti-paternalism is formulated in terms of what makes a life go well, rather than which things are good for a person, whereas the resonance constraint is formulated in terms of what things are good for a person. This is because the examples which motivate anti-paternalism tend to be about whether lives going well or badly, whereas examples which support the resonance constraint tend to be about whether a thing counts as good for a person. For whatever reason, people seem to have a stronger intuition that a thing must resonate with a person for it to be good for them than that anything a person has a pro-attitude toward ought to count as good for them. This asymmetry could belie something important about the nature of these advantages, but since I only intend to give a rough account of these two advantages, I see no reason to try to question or eliminate it.

hybrid theory could claim that the only thing good for anyone is a connection with god. Being a hybrid theory, it would not insist that having a connection with god is good for a person if they are not interested in having such a connection. So it takes their perspective into account by allowing them to veto a good if they do not care about it. But this veto involves the most limited kind of authority over what is good for a person because the rest of that person's desires are irrelevant to what is good for them. Theories which meet the sufficiency condition, by contrast, give the person what might be called legislative authority over what is good for them. Such theories allow a person, in virtue of their pro-attitudes, to add things to the list in addition to taking them off.

It might be pointed out that subjectivist theories do place restrictions on what pro-attitudes count. For example, a common version of the desire theory holds that only the satisfaction of rational desires is good for a person. One could imagine an especially strict version of a desire theory which allows only the desire for a single object to be good for a person. And one could imagine a very "permissive" hybrid theory which has virtually infinite things on its list of goods. It might therefore be thought that subjectivist theories are, in principle, no less paternalistic than hybrid theories. But the difference between subjectivist theories and hybrid theories, in this respect, is that subjectivist constraints on which pro-attitudes count do not require that a person desire any particular end. Subjectivist constraints are designed to ensure that a person is truly getting what they want.¹⁵ If the constraints go beyond this purpose—if they are designed to ensure that a person has a pro-attitude toward some particular end—that view is not a subjectivist view.

¹⁵ Sobel, David, "Subjectivism and Idealization," *Ethics: An International Journal of Social, Political, and Legal Philosophy* 119, no. 2 (2009): 343.

This difference between subjectivist views and hybrid views may make the anti-paternalism advantage seem insignificant, since the very strict subjectivist view just described has a narrow conception of the good life while the very permissive hybrid view has a very inclusive conception. But, first, the purely theoretical advantage of subjectivism is in where it places power. It is roughly the same advantage a democratic political system is thought to have over an authoritarian one—an advantage which can be appreciated even if, in practice, the democratic system is much more restrictive than the authoritarian one. Second, most plausible subjectivist theories will not be the very strict view, permitting only a single object to be desired. And most hybrid theories will likely not be like the very permissive one described above, since the main attraction of hybrid views over subjectivist views is that they get to limit what counts as good for a person.

To summarize, subjectivism and hybrid theories have the advantage over objectivist theories of meeting the resonance constraint—of making sure that the good life for a person is not one they find repulsive. In addition, subjectivist theories have the anti-paternalism advantage over both hybrid and objectivist theories—the advantage of giving the individual the authority to determine what is good for them. As mentioned, the desire theory is a version of subjectivism, and is therefore thought to have these two advantages, as well. Awareness of these advantages will be important when, in Chapter 3, we consider ways of revising the desire theory, as some revisions may require giving up on one or both advantages.

1.3. Desire Theory

1.3.1. General formulation

So far, I have only offered a rough characterization of the desire theory—that it says that a life goes well for the person living it to the extent that they get what they want. There are many ways this rough characterization can be made more precise. The aim of this work is to explore whether the desire theory can avoid the problem of depression, and part of this exploration involves looking at different ways the desire theory can be spelled out to see whether, on any of these ways, the problem can be avoided. For this reason, it will be useful to begin this exploration with a basic definition of the desire theory—one that is precise enough to be useful in the discussion that follows, yet neutral enough that it does not presuppose anything controversial among desire theorists.¹⁶

First, the desire theory should be understood to be saying that what is intrinsically good for a person is to be getting what they *intrinsically* want, and what is intrinsically bad for a person is to *not* get what they intrinsically want. To say that someone intrinsically wants something, or has an intrinsic desire for it, is to say that they want it at least in part for its own sake, rather than because getting it will promote the satisfaction of their other desires. When one wants something because getting it will promote the satisfaction of other desires, that desire is an *instrumental* desire. An example of an instrumental desire is a desire to have dental surgery. In most cases, the reason one wants dental surgery is to have healthy teeth or to avoid future pain. A desire can be both intrinsic and instrumental, such as the desire to have a meaningful job. One might intrinsically desire to have a meaningful job in part because having this job will lead to the satisfaction of other desires they have, such as the desire to provide for their family. But one might at the same time desire a meaningful job for its own sake. While some

¹⁶ Part of the usefulness of offering this basic definition is to lay on the table some of the assumptions I am making about how to understand the desire theory which apply to the different versions that will be considered.

desire theorists defend the view that the satisfaction of merely instrumental desires contributes to a person's well-being, this view is not popular. So, I will say that the general formulation of the desire theory holds that only the satisfaction of intrinsic desires is good for a person.¹⁷

There is also disagreement about what counts as the object of a desire.¹⁸

According to one view, the object of desire is a concrete object, such as a banana split. According to an alternative view, the object of desire is a state of affairs or a proposition, such as my eating a banana split or that I eat a banana split. There does not seem to be a standard view to take on this issue among desire theorists, but since much of the present work involves discussion of desires and their objects, in order to be consistent I will speak of the object of desire as being a state of affairs. We can say, then, that a desire counts as satisfied if, and only if, the state of affairs desired obtains. A desire is frustrated if, and only if, the desired state of affairs fails to obtain.

Another question which a desire theory must answer is how a desire satisfaction is to be valued. Does the satisfaction of desires with certain properties have more value than the satisfaction of desires without these properties? Here, I will make two assumptions. The first is that the value of a desire satisfaction is determined by its "intensity" such that the more intense a desire, the more valuable its satisfaction (I remain neutral on what it is that makes one desire more intense than another). The second is that the value of a desire is determined by its duration, so that the satisfaction of a desire

¹⁷ One reason for rejecting the view that the satisfaction of merely instrumental desires counts is that this appears to involve double counting. If I desire to have written a novel, and this requires the satisfaction of my merely instrumental desire to finish writing this chapter, which in turn requires that I satisfy my merely instrumental desire to have a pencil that works, etc., it seems that the value of the satisfaction of these merely instrumental desires simply reduces to the value of having written the novel. Their satisfaction does not count in addition to the satisfaction of the intrinsic desire.

¹⁸ Ben Bradley, "Objective Theories of Well-being," in *the Cambridge Companion to Utilitarianism*, ed. Ben Eggleston and Dale E. Miller (New York: Cambridge University Press, 2014): 220-222.

which one has had for a longer amount of time than a second desire thereby counts as more valuable, other things being equal.¹⁹

The fact that desires and states of affairs occur both at times and across times makes the value measurement question more complicated. One important question is whether a desire and its satisfaction must co-occur for the desire satisfaction to have value. A second question is when we should say a person is benefited by a desire satisfaction: when the desire exists, when the satisfaction occurs, or atemporally.²⁰

These questions presuppose an answer to the non-evaluative question when a desire counts as satisfied. If I want a French fry today, but I get it tomorrow, after I have lost the desire, does my desire count as satisfied or frustrated? It is important not to confuse this question with the question of the value of a desire satisfaction.²¹ There is room for disagreement, here. But I think the correct answer requires recognizing that we sometimes desire that things happen at times and that things happen when we desire them. For example, I might desire that I have a French fry within the next hour. This desire would not be satisfied if I got it this evening. But I might also desire that I get a French fry at some point in my life. This desire would be satisfied if I got a fry this evening. I also may desire that I get a French fry at some point in my life so long as I desire it when I get it. This conditional desire would not be satisfied if I got a fry this

¹⁹ According to an alternative view, each desire satisfaction contributes the same amount of value, other things being equal (such as intensity), regardless of how long one has had the desire. Suppose the interval between a time t_0 - t_1 and t_1 - t_2 are the same. On this alternative view, if I have desire x between t_0 - t_1 , and I have desire y between t_0 - t_2 , then the value of the satisfaction of x and y is the same, other things being equal. But on the view I will be assuming, the value of the satisfaction of y is twice the value of the satisfaction of x , other things being equal.

²⁰ For a discussion of this question, see Dale Dorsey, "Desire-Satisfaction and Welfare as Temporal," *Ethical Theory and Moral Practice: An International Forum* 16, no. 1 (2013): 151–71.

²¹ Bradley appears to conflate these questions when discussing concurrentism in *Well-being and Death* (Ben Bradley, *Well-being and Death* (New York: Oxford University Press 2009): 22).

evening when I no longer wanted one.²² Most desires for food are likely conditional desires like this one, but many desires are not. I can desire to have published a novel without wanting it to happen at any particular time and without caring whether I happen to still desire it when it happens. This shows that my desire and the object I desire need not co-occur for my desire to count as satisfied.

A more controversial and more relevant question is whether my desire and its satisfaction must co-occur in order for that desire satisfaction to count as good for me.²³ “Concurrentism” is the view that they must co-occur for a desire satisfaction to be valuable, and “non-concurrentism” is the view that they need not co-occur for it to be valuable.²⁴ While concurrentism is defended by some desire theorists, it is not standardly part of the view, and for this reason I will be assuming a non-concurrentist version of the desire theory.

1.3.2. Standard versions

There are several important lines of disagreement among desire theorists about which desire satisfactions matter. The lines of disagreement are either about which types

²² For a discussion of conditional desires, see Derek Parfit, *Reasons and Persons*, (New York: Oxford University Press, 1984): 151.

²³ For defenses of concurrentism, see Chris Heathwood, “Desire Satisfactionism and Hedonism,” *Philosophical Studies: An International Journal for Philosophy in the Analytic Tradition* 128, no. 3 (2006): 539–63; and Alexander Sarch, “Desire Satisfactionism and Time,” *Utilitas: A Journal of Utilitarian Studies* 25, no 2. (2013): 221–45.

²⁴ In “Desire Satisfactionism and Time,” Alexander Sarch distinguishes between “weak concurrentism” and “strong concurrentism,” where the latter is the view that I call concurrentism, here. Sarch assumes the view that the object of a desire satisfaction is a proposition, so that a desire counts as satisfied just when the proposition desired is true. On his view, if I desire that I publish a novel at some point in my life, and it is true that I do so, my desire counts as satisfied now (since the proposition is true now). On Sarch’s usage, “weak concurrentism” is the view that my desire and the proposition desired must be true at the same time for the desire satisfaction to be good for me, and “strong concurrentism” is the view that a desire satisfaction is good for me only when, at time t , I desire “that p at t ,” and p is true. Since I am assuming that the object of a desire is a state of affairs rather than a proposition, “concurrentism,” as I am using the term, is what Sarch calls “weak concurrentism.”

of desire matter or about which type of satisfaction matters. The discussion of the problem of depression that follows will involve exploring ways these modifications or precisifications of the general version of the desire theory could solve the problem.

Which desires matter

a. Actual vs informed and rational desires. On one version of the desire theory, the only desires relevant to a person's welfare are their actual desires. On an alternative to this view, the desires relevant are the desires they would have if informed and rational.

b. Global vs global+local desires. Global desires are desires about how one's life as a whole goes, or desires about how a part of one's life goes when considering one's life as a whole. An example of a global desire would be the desire that my life contains artistic creativity. Local desires are simply non-global desires. On a global desire theory, only the satisfaction of global desires is good for you. On the alternative theory, both types of desire satisfaction (global and local) are good for you.²⁵

c. Self-regarding vs any-regarding desires. Self-regarding desires are desires for an object in some sense about oneself. An example would be your desire that you not be in pain. A non-self-regarding desire would be a desire for an object in some sense not about oneself. An example would be a desire that your child be happy. Some versions of the desire theory hold that only the satisfaction of self-regarding desires is good for a person, while others have no such restriction.

²⁵ For more on this distinction, see Parfit *Reasons and Persons*: 496-99.

What satisfactions matter

d. Mental state vs world state. Finally, desire theorists disagree about whether the desired state of affairs must actually obtain for a person to benefit, or whether it is enough that the desirer simply believe that the state of affairs obtains (even if it doesn't actually obtain).²⁶

1.4. The Problem of Depression

The problem of depression mentioned in the first section can be stated fairly simply. To reiterate the simple statement of the problem, desire theories claim that a person is well-off to the extent that they are getting what they want. People who suffer from clinical depression want almost nothing, but the few desires they do have, such as to lie in bed and to avoid contact with others, are satisfied. The desire theory thus seems committed to saying that these depressed people are relatively well-off, or, at least, not badly off. But this seems wrong. Such depressed people are not well-off.

The Problem of Depression

1. Desire theories claim a person is well-off to the extent that they get what they want.
2. Depressed people want almost nothing, but are getting what they want.
3. So, desire theories entail that depressed people are relatively well-off.
4. But depressed people are not relatively well-off.
5. So, desire theories are false.

²⁶ See Heathwood, "Desire Satisfactionism and Hedonism," for a discussion.

This simple statement of the problem must be made more precise, however, as it can be taken to be pointing out one of several independent problems for desire theories related to depression. The first is an instance of the problem of defective desires.

Defective desires are desires which are such that their satisfaction appears to some to have no prudential value. Desires thought to be defective include “artificially aroused” desires, such as those produced by advertisements or brainwashing, “pointless” desires, such as the desire to count blades of grass, “base” desires, like the desire to do shoot heroin, “irrational” desires—desires which, if satisfied, would frustrate more important desires, and “self-undermining” desires, such as the desire to be badly off.²⁷ Because the desire theory places no substantive restriction on which desires count, it is committed to saying that the satisfaction of these defective desires is intrinsically good for a person. The problem of depression could be construed as a problem about defective desires since depression leads depressed people to desire things which seem to either have no value or be bad for them. Depressed people often desire to avoid social contact, to stay in bed all day, and in some cases to commit suicide. This way of understanding the problem of depression simply points out that the satisfaction of these desires is not good for a person.

The Problem of Defective Desires (DD)

1. Desire theories claim a person is well-off to the extent that they get what they want.
2. Some depressed people want only to do things such as commit suicide or avoid contact with others (defective desires).

²⁷ For a discussion, see Chris Heathwood, “The Problem of Defective Desires,” *Australasian Journal of Philosophy* 83, no. 4 (2005): 487–504.

3. So, according to desire theories, the satisfaction of these desires is intrinsically good for them.
4. But the satisfaction of these desires is not intrinsically good for them.
5. Therefore, desire theories are false.

I believe that suicide is often bad for people, and that the desire theory fails to explain why it is bad for them. But I think the defective desires argument is not the best way to understand why it is bad for them, and so it is not the best way to understand the problem of depression. The reason DD fails is that the desire theorist can reply that the badness of satisfying these desires is not intrinsic but instrumental. That is, these desires are “defective” in that satisfying them frustrates ones other desires. This is compatible with viewing their satisfaction as having intrinsic value, however. The reason we think suicide is bad for a person is because it is instrumentally disvaluable. This is what we ordinarily take to be bad for a person about their death. Death is bad for a person (when it is) because it deprives a person of many things that would make their life valuable.

This type of response is the same one used against other defective desires arguments. For example, we may be reluctant to say that the satisfaction of the desire to torture an innocent person could be good for the torturer, but the desire theorist will point out that our intuition in this case is being driven by the bad effects of immoral desires on others and perhaps also by the bad effects on the torturer. But satisfying that desire is, in itself, good for them. In a similar way, the desire theorist can respond to DD by saying that committing suicide or laying around all day are intrinsically good for the depressed person if they want them, but satisfying these desires frustrates their other desires, and so

is instrumentally bad for them. If enough of these other desires are frustrated, it is also all-things-considered bad for them.

One might point out that this response to DD fails because the depressed person lacks other desires that would be frustrated by the satisfaction of these desires. Satisfying the desire to commit suicide would not be instrumentally bad for them, because no other desires are being frustrated. I am inclined to agree that the response fails for this reason. But the desire theorist might say that it is unclear whether it is psychologically possible that anyone have only one desire. Most depressed people seem to at least have several desires, even when they desire suicide, and these desires may be frustrated by committing suicide. This would leave it unclear whether satisfying that desire is all-things-considered bad for them. For this reason, I will focus on a different way of understanding how depression poses a problem for the desire theory. That is, I will not understand the problem of depression as a defective desires problem.

As I will understand it, the problem depression poses for the desire theory is with the theory's claim that desire satisfaction is all there is to living a good life. As mentioned, depressed people seem to be getting nearly everything they want, despite or because they want almost nothing. Yet they are not living a good life. Even if we take the satisfaction of the few desires they do have to be intrinsically good for them, their life is still not a good one because important things are missing—things the depressed person happens to no longer care about. In this sense, the problem for the desire theory is not that depressed people want things that are bad for them but that they do not want things that are good for them.

The Problem of Missing Desires (MD)

1. Desire theories claim a person is well-off to the extent they are getting what they want.
2. Some depressed people want almost nothing, but are getting what they want.
3. So, according to desire theories, nothing could make them better off than they are.
4. But there are things which could make them better off than they are.
5. Therefore, desire theories are false.

Like the problem of defective desires, the “missing desires” problem for the desire theory is a general one, and the problem of depression is an instance of this problem.²⁸ There are other cases which show that there is more to a good life than getting what you want. Like the case of depression, these cases involve lives with easily satisfied desires but which seem to be lacking something important. The lives of the couch potato, the pot head, and the sex addict seem lacking in well-being, not because the objects of their desire are problematic, but because their lives are missing something important. While these other counterexamples are worth thinking about, I believe the case of depression is unique in several respects. First, depression seems unequivocally bad for a person, whereas the other lives just mentioned may appear to some to have redeeming qualities. Some may also have a less strong intuition that the lives just mentioned are bad lives. They may even, at times, see these as good lives. Second, I think the problem of depression is immune to some of the responses which may be made successfully against the problem presented by these other cases. For example, the couch

²⁸ For a response to the problem of missing desires for hybrid theories of well-being, see William Lauinger, “The Missing Desires Problem for Hybrid Theories of Well-being,” *The Southern Journal of Philosophy* 51, no. 2 (June 2013): 270-295.

potato may simply lack information which, if they had it, would lead them to desire other things. As I argue in the next chapter, the same cannot be said about many cases of depression.

So far, I have been speaking generally about cases of depression. But depression comes in many forms and degrees of severity, and I do not think all cases of depression pose a problem for the desire theory. Standard versions of the desire theory seem straightforwardly able to handle certain depression cases. Mild depression may leave intact nearly all of a person's desires, but sap enough motivation to prevent them from getting what they want. Depression harms them, but the desire theorist can explain why in terms of the frustration of their other desires. Or take the example of a depressed person who would come to have non-depressed desires if they had a little more information. They would not be depressed if they had a more accurate appraisal of their future prospects. The informed desire version of the desire theory, which says that it is only the satisfaction of our informed desires which is good for us, could explain why depression is bad for this person. Though this person actually lacks desires, the desires they would have if informed are being frustrated by their inactivity.

The cases of depression which I think pose the most serious problem for the desire theory are ones like that of Jane. *Jane* is a fictionalized version of an actual case of a depressed patient described by psychotherapist Abraham Rudnick:

Jane: Jane is diagnosed with clinical depression, and understands that she is depressed. She also understands that an effective treatment for her depression is available. In other words, she understands that with treatment she would come to

have the desires and the joys most non-depressed people have—in short, a normal life. Nevertheless, Jane refuses treatment for her current episode of depression, claiming that she does not care about the treatment outcome—she sees no point in regaining the desire to live because she believes nothing is worth doing.²⁹

If Jane has no desire either for the treatment itself or for any of the effects of that treatment, it would appear that, according to desire theories, treatment is not good for her. Yet, it seems evident that if anything is good for Jane, getting treatment is. What is important about cases like Jane's is that the depression could be effectively treated, and yet the depressed person refuses treatment even though they understand that the treatment would be effective. It is natural to think it would be good for Jane to get treatment because she could go on to live a healthy, normal and happy life by most standards. Once treated, she would be glad that she had gotten treatment. The tragedy of most suicides resulting from depression lies in the fact that the person who died could have gone on to live such a life.

Some might be skeptical about whether a case like Jane's, as it is described, really exists. They may wish to respond to the problem by arguing that all actual cases of depression are like the one's I dismissed as non-problematic. In subsequent chapters, I will give evidence that such cases exist and are even quite common. A different sort of skeptic, however, might ask why it matters to the problem of depression whether cases like Jane's exist, or whether they are common. Isn't the mere possibility of a case of depression like the one I'm describing sufficient for there to be a problem for the desire

²⁹ Abraham Rudnick, 'Depression and Competence to Refuse Psychiatric Treatment', *Journal of Medical Ethics* 28 (2002): 151–155.

theory? I am concerned to show that such cases exist and are common because I think that accepting the bullet biting response to the problem—the response which denies premise (4) of MD

4. But there are things which could make them better off than they are.

—involves a greater intuitive cost if these cases of depression are actual and not merely possible. This is because people tend to have much stronger intuitions about actual cases—especially when these cases involve people we care about.

1.5. Dissertation outline

There are two basic strategies in responding to the problem of depression. The first is to deny (4) of MD by arguing that the depressed person's life is going well for them. This “bullet biting” strategy seems to me so implausible on its face that I assume most desire satisfaction theorists will opt for the second strategy. For this reason, I devote relatively little space in the dissertation to exploring this strategy. The second strategy is to deny premise (3).

3. So, according to desire theories, nothing could make them better off than they are.

Premise (3) is a sub-conclusion which depends on (1) and (2)

1. Desire theories claim a person is well-off to the extent they are getting what they want.
2. Some depressed people want almost nothing, but are getting what they want.

Accordingly, there are two ways of denying (3). The first is to deny (2) by showing that the depressed person has many desires, or would have many desires if informed and rational, and these desires are not being satisfied.³⁰ The second is to deny (1) by revising or precisifying the desire theory in such a way that the depressed person does not count as well-off.

Chapter 2 looks at a number of ways of denying (2). Each involves showing that, despite their inactivity, depressed people do have many desires (or would have many desires, if informed and rational) which are not satisfied. One way of doing this is to argue that depression eliminates superficial desires, like the desire to go to work, but leaves intact “deep desires,” such as the desire to have a fulfilling career, a desire to be moral, or a desire for meaning. Eliminating the superficial desires results in the frustration of deep desires, which explains why the depressed person is not doing well. In response, I offer evidence that, in many cases of depression, these deep desires are also eliminated.

A second way of denying (2) is to claim that only the desires a person would have if informed and rational are relevant to their well-being, and the depressed person would

³⁰ One could also deny the second conjunct of (2) by arguing that the few desires the depressed person does have are not satisfied. But on the assumption that these few desires are things like sleeping all day and avoiding others, it seems hard to deny that they are being satisfied. One might wish to say that there are other “few desires” the depressed person has which I haven’t mentioned, like the desire to avoid future distress, or the desire for meaning, and these are not being satisfied. Whether this is true, however, is a question I take up in the next chapter.

have a normal range of desires if they were informed and rational. In response, I argue that we have little reason to expect that, in all cases, information and rationality would have this effect on a depressed person's desires.

Chapter 3 considers ways of denying (1). One way of doing this involves drawing a distinction between different ways of measuring well-being according to the desire theory. A way of measuring, which I call the "fraction view," holds that one's level of welfare is determined by the number of satisfied desires divided by the total number of desires. A second way of measuring, which I call the "integer view," holds that one's welfare is determined by the number of satisfied desires minus the number of unsatisfied desires. An argument can be made that the problem of depression arises only for the fraction view. However, I argue that the problem exists for the integer view, as well. Another distinction can be drawn between a version of desire theory which holds that only a person's actual desires are relevant to how well-off that person is and a version which allows that possible desires are relevant to well-being. An argument can be made that the problem of depression arises for the first version but not the second. But I argue that accepting this second view comes at the cost of forfeiting one of the advantages the desire theory is thought to have over rival theories of well-being: anti-paternalism.

CHAPTER 2: THE MISSING DESIRES

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In this chapter, I look at a number of attempts to respond to the problem of depression which involve arguing that the depressed person does have, or would have if informed and rational, desires that could explain why they are not well off. Before delving into each response, let me briefly try to explain, in general, how these responses are supposed to avoid the problem. The problem of depression argument discussed in the last chapter hinges on the claim (premise (2)) that, in some cases, the depressed person is mostly getting what they want, and this is true because they have almost no desires at all. The few desires they have, such as the desire to sleep or the desire to avoid social interaction, are mostly satisfied most of the time. One could therefore respond to the problem of depression by denying that they have only these few desires. This response would involve showing that the depressed person has *other* desires which are being frustrated. I will refer to these hidden desires as the “missing desires.”

These desires are “missing” only in the sense that we have failed to take them into account. This failure could be due to the fact that the existence of these desires has been masked by the symptoms of depression. It could be that these desires are not masked, but that we are uninformed about what depressed people are like. Perhaps my characterization of the depressed person’s desires and their satisfaction is simply wrong. Finally, it could be that we have failed to take into account desires because we have misapplied the desire theory. For example, if, when properly understood, the desire theory says that only the satisfaction of ideally rational desires is valuable, then it may turn out that the depressed person has these counterfactual desires and those desires are being frustrated.

The reason that showing these missing desires exist could solve the problem of depression is that they are likely being frustrated by the symptoms associated with depression, such as inactivity. Although the depressed person may be getting the few obvious desires they have satisfied, the frustration of their hidden desires could explain why they are not well-off. This requires showing that a) these hidden desires exist, b) they are being frustrated, and c) the disvalue of the frustration of these hidden desires is significant enough to explain why the depressed person is not well-off, in spite of the fact that their obvious desires are being satisfied.

2.1 Actual Desires

A natural way of explaining the existence of the depressed person’s missing desires is to appeal to their actual desires. This response would claim that the depressed person has actual desires frustrated by their depression, and this desire frustration

explains why their life is not going well. These actual desires would have to be desires not eliminated by depression. The most plausible candidate is what Alan Goldman calls “deep desires.”³¹ These are things like a person’s life goals or major concerns—desires to which the person who has them assigns a high priority and which give rise to many of their instrumental desires. Examples of deep desires include a desire for financial stability, desire that one has friends, moral desires, and desires for meaning. Following Goldman, we can refer to non-deep desires, such as the desire to take a shower, as “superficial” desires.

Empirical evidence for the existence of these deep desires will be discussed below, and that evidence depends to some extent on which sorts of deep desires are being considered. There may be evidence that the depressed person has moral desires, but not desires for meaning, for example. But it is worth pointing out that a depressed person’s inactivity is compatible with their continuing to have deep desires. When considering the case of depression, we must not be too quick to assume from the depressed person’s inactivity that they have lost all desires. But since the depressed person’s inactivity is also compatible with the absence of their deep desires, we must also not be too quick to assume those deep desires still exist. The matter must be settled by looking at the empirical psychological evidence.

Having shown that the depressed person has deep desires, a desire theorist could say that depression contributes to the frustration of these desires, and this explains why their life is not going well. The depressed person who is unable to get out of bed is thereby unable to take the necessary steps to maintain and advance their careers and relationships with loved ones. They may have success in these areas for the moment, but

³¹ Alan Goldman, *Reasons from Within* (Oxford University Press: New York, 2009): 98-108.

their depression is destroying that success. For example, the depressed husband may still desire that he remain married to his spouse for many years. But his present lack of a desire to spend time with anyone, go to work, or even get out of bed will destroy his marriage, frustrating his present desire to remain married.

The problem with this response is that empirical evidence indicates that, in many cases, depression eliminates even these deeper desires. Of the criteria listed by the DSM-V for a diagnosis of a major depressive episode, one of two criteria that must be met is “markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day”³² This suggests that depression involves a general loss of interest in things, rather than the loss of merely superficial desires. Not only is the depressed person unmotivated to shower or go to work, but they are also unmotivated to spend time with friends and family and engage in leisure activities they once enjoyed.³³ Depression is common, with 11 million (4.5% of the population) adults in the U.S. in 2017 experiencing a major depressive episode with severe impairment.³⁴ Since the criterion of diminished interest just quoted is required for a diagnosis, one would expect that, among these cases of major depression, there exist a significant number of cases of involving a more extensive loss of interest than even “markedly diminished interest...in all, or almost all, activities.” While suggestive, the evidence just presented does not rule out the possibility that depression leaves some important deep desires intact. The next few

³² American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, 160-164.

³³ One might reply that because desires are, or involve, dispositions to act, depression does not eliminate desires because it leaves intact the relevant dispositions. But depression often lasts for months and sometimes years (A. H. Young, “Recurrent unipolar depression requires prolonged treatment,” *British Journal of Psychiatry* 178 (2001): 294-295). In such cases, it is more difficult to hold that a disposition to act remains.

³⁴ National Institutes of Mental Health, “Major Depression,” National Institutes of Health, <https://www.nimh.nih.gov/health/statistics/major-depression.shtml> (accessed April 2020).

sections consider various ways of arguing that the depressed person has these deep desires.

2.1.1 Evaluative judgments

A good place to look for evidence of deep desires is in the evaluative judgments made by depressed people. Judgments about what is good, worthwhile or important tend to be an indication of what a person cares deeply about.³⁵ The desire for friendship, for example, is characterized by a disposition to spend time with friends and to get pleasure from thoughts of having friends, but it is also accompanied by the judgment that it would be good to have friends. Perhaps depressed people express judgments like that having friendship is valuable, that not being loved is a bad thing, or that having success in their career is a good thing. If so, we would have some evidence for thinking they also have desires for these things.

Goldman argues that depressed people do continue to make such judgments. As he points out, having negative evaluations of oneself is a common symptom of depression.

Depression is not only compatible with the capacity for evaluation, but certain sorts of evaluations lie at its core, namely negative evaluations of the self and of the possibility of success in endeavors judged to be highly important and reflective of the self. Automatic negative self-appraisals linked to desires for outcomes judged to be good but unattainable contribute to depression.³⁶

³⁵ See Goldman, *Reasons from Within*, 98-108, for a more developed argument for this claim. There, Goldman is concerned with related problem for reasons internalism, and argues that the evaluative judgments depressed people make show that they have actual reason giving motivations.

³⁶ Goldman, *Reasons from Within*, 105.

According to Goldman, the negative self-evaluations made by depressed people, such as that they are incapable of being loved or too incompetent to succeed in their chosen field, provide evidence that they take certain states of affairs to be good. And the fact that they take these states of affairs to be good is evidence that they have desires for them.³⁷

However, while it may be true that all depressed people continue to make evaluative judgments, there is evidence that, in some cases of depression, these judgments do not reflect the kind of deep desires which could explain why their life is not going well. Some depressed people say that nothing is worth doing, that there is no purpose or point in life, or that they feel empty.³⁸ In an autobiographical account of his depression, author Andrew Solomon says that, in his depression, "...the meaninglessness of every enterprise and every emotion, the meaninglessness of life itself, becomes self-evident. The only feeling left in this loveless state is insignificance."³⁹ Computational neuroscientist Walter Pitts writes, "I have noticed in the last two or three years a growing tendency to a kind of melancholy apathy or depression. [Its] effect is to make the positive value seem to disappear from the world, so that nothing seems worth the effort of doing it, and whatever I do or what happens to me ceases to matter very greatly..."⁴⁰ The evaluative judgments expressed in these claims appear to reflect either an absence of concerns altogether, or concerns of the wrong sort.

³⁷ Goldman himself holds the view that some evaluative judgments, including the ones just mentioned, do not merely provide evidence for the existence of motivational states like desire, but can themselves be motivational.

³⁸ Rebecca Watson et al., "Understanding Anhedonia: a Qualitative Study Exploring Loss of Interest and Pleasure in Adolescent Depression," *European Child and Adolescent Psychiatry* 29 (2020): 489-499.

³⁹ Andrew Solomon, *Noonday Demon: An Atlas of Depression*, (New York: Touchstone 2002): 15.

⁴⁰ Amanda Geffer, "The Man Who Tried to Redeem the World with Logic," *Nautilus* 21 (February 5, 2015), <http://nautil.us/issue/21/information/the-man-who-tried-to-redeem-the-world-with-logic> (accessed April 2020).

On one interpretation of the quoted passages, these claims might appear consistent with the picture suggested by Goldman according to which some valued and desired ends are simply out of reach. On one interpretation of a claim like “every enterprise is meaningless,” what is meant is that nothing they do will get them what they really want. In other words, they have deep desires for some things, but believe no amount of effort will bring these things about. However, other claims made by depressed people about meaninglessness appear to be incompatible with this interpretation. In describing his own battle with depression and suicide, Tolstoy writes that:

My life came to a standstill. I could breathe, eat, drink, and sleep, and I could not help doing these things; but there was no life, for there were no wishes the fulfillment of which I could consider reasonable. If I desired anything, I knew in advance that whether I satisfied my desire or not, nothing would come of it. Had a fairy come and offered to fulfill my desires I should not have known what to ask...I could not even wish to know the truth, for I guessed of what it consisted. The truth was that life is meaningless.⁴¹

What is noteworthy in this passage is that Tolstoy claims that he would not wish for *anything*. Similarly, Maria von Herbert, in a correspondence with Kant in which she describes her depression, writes that, “...I get an empty feeling inside that extends inside me and all around me, so that I am almost superfluous to myself. Nothing attracts me, and even getting every possible wish I might have would not give me any pleasure, nor is there a single thing that seems worth the trouble of doing.”⁴²

⁴¹ Leo Tolstoy, *A Confession, The Gospel in Brief, and What I Believe*, (London: Oxford University Press, 1954): 17.

⁴² Immanuel Kant, *Philosophical Correspondence: 1759-99*, trans. and ed. Arnulf Zweig (Chicago: University of Chicago Press, 1967): 201.

These claims appear incompatible with an interpretation according to which “everything is pointless” means “nothing I do will get me what I truly want” because both Tolstoy and von Herbert maintain that there is *nothing* that they would wish for. One would think that, if their lack of motivation to do anything were due to a belief that a roadblock prevented them from achieving their goals, they would at least wish for that roadblock to be removed.

2.1.2 Moral desires

Despite the evidence just presented, it might be argued that depressed people—even those who judge life to be meaningless—still have deep moral concerns which are being frustrated. Surely, it may be argued, depressed people do not stop caring about their families, and they would surely choose to save a dog from cruel neglect if they could so with minimal effort. Empirical evidence appears to support this hypothesis. Those with depression experience empathy just as often, and to the same degree, as non-depressed people, and they tend to be even more concerned than non-depressed people with how well they are meeting the requirements of morality.⁴³ Perhaps when Tolstoy and Von Herbert claim they could not wish for anything, what they mean is that they could not wish for anything *for themselves*, but they could wish for things for others.

But Tolstoy, elaborating on the extent of meaninglessness he found in the world, claimed that he wondered why he should take care of his children: “But my family—wife and children—are also human. They are placed just as I am: they must either live in a lie or see the terrible truth. Why should they live? Why should I love them, guard

⁴³ Lynn O'Connor et al., “Empathy and Depression: The Moral System on Overdrive,” in *Empathy and Mental Illness*, ed. T. Farrow and P. Woodruff (Cambridge: Cambridge University Press, 2007): 54.

them, bring them up or watch them? That they may come to the despair that I feel, or else be stupid?”⁴⁴ The “terrible truth” to which Tolstoy refers is that life is meaningless. This passage suggests that he judged, not merely that his own life was meaningless and not worth living, but that no life was worth living. Therefore, though he might have been preoccupied with morality, it was out of skepticism about why he should care for others.⁴⁵

Even if it is true that all depressed people have moral desires, the existence of these desires may not be enough to explain why they are not well off. The explanation would have to claim that their moral desires are being frustrated, and the disvalue of this moral desire frustration is significant enough to explain why they are badly off. But the truth of the latter of these two claims is far from obvious, especially if one accepts a version of the desire theory according to which only self-regarding desires are relevant to welfare. On this view, the satisfaction or frustration of moral desires would seem to be irrelevant to welfare.

2.1.3 Desires for meaning

Perhaps instead we should interpret Tolstoy and others as expressing a deep desire for meaning in life. Both Solomon and Tolstoy appear to attribute their inactivity to an absence of meaning in life. When they say that life is meaningless, this could be evidence that they desire meaning in life but believe that bringing it about is impossible. Rather than showing that they have no deep concerns, these statements could be an expression of one of the deepest desires people have.

⁴⁴ Tolstoy, *A Confession, The Gospel in Brief, and What I Believe*, 21

⁴⁵ Even if some moral desires remain, their satisfaction might be given a lower priority by the depressed person than the satisfaction of other desires, like the desire to end their own life or the desire to sleep.

There are two problems with this interpretation, however. The first, and most serious, problem is that there is simply no reason to take these statements as expressing a desire for meaning. My claim that water is flavorless does not, by itself, imply that I desire water to have flavor. An inference to the existence of a desire requires more than a claim about flavorlessness or meaninglessness. Andrew Solomon mentions the way that life appears meaningless in his depression apparently only to describe what it is like to be depressed, and not to lament a lack of meaning.

Second, even if we suppose the depressed person does desire meaning in life, there are problems in showing that these desires could be satisfied. Desire for meaning is either a desire for subjective meaning or objective meaning. Subjective meaning is meaning grounded in or created by a person's own desires or pursuits. Objective meaning is meaning which exists independently of those desires or pursuits. If Tolstoy desires that his activities have objective meaning, then in order to say that his desire for meaning is satisfied, it must be possible for his activities to be objectively meaningful. But for a number of reasons, desire theorists may wish to reject the view that objective meaning in life is possible. One reason is that they might find the desire theory attractive, in part, because it is seen as part of a broader project to reduce facts about value to facts about desire.

The alternative is to suppose that Tolstoy desires merely subjective meaning. If he desires subjective meaning, then the meaning he is looking for is the kind that would be grounded in or created by his own desires or pursuits. But Tolstoy does not appear to desire this sort of meaning. This is evidenced by the fact that he considers the lives of his family to be as meaningless as his own. Unless his family members were similarly

depressed, they would have concerns and pursuits of the kind that would give their lives subjective meaning, and Tolstoy would be aware of this. If Tolstoy were expressing a desire only for subjective meaning, he would have no reason to judge their lives to be meaningless. As discussed in Section 1.4, severely depressed people sometimes refuse treatment which they believe will give them a normal range of desires. If what they desired was to have meaning-conferring projects and pursuits, and they knew that treatment would give them these desires, we would expect them to desire treatment rather than refuse it.

2.2. Counterfactual Desires

Another way the desire theorist might try to respond to the problem of depression is to accept a version of the desire theory according to which the desires relevant to well-being are counterfactual desires. This response makes sense if we accept that the depressed person lacks actual desires that could explain why they are not well-off. According to the most common counterfactual version of the desire theory, which I will call the “ideal desire theory,” the desires relevant to well-being are the desires a person would have if they were *informed* and *thinking rationally*. What is good for a person, on this view, is to get what their informed, rational self would want.

To see how the ideal desire theory might avoid the problem of depression, recall what the problem of depression argument says:

Problem of Missing Desires (MD)

6. Desire theories claim a person is well-off to the extent they are getting what they want.
7. Some depressed people want almost nothing, but are getting what they want.
8. So, according to desire theories, nothing could make them better off than they are.
9. But there are things which could make them better off than they are.
10. Therefore, desire theories are false.

To apply this argument an ideal desire theory, the first premise, which is a statement of the theory, must be revised to say, “Desire theories claim a person is well-off to the extent they are getting what they *would want if informed and rational*.” The second premise must also be revised, since it is a claim about what desires a person has which will be used to determine their well-being. It must say: “Some depressed people, *if they were informed and rational, would* want almost nothing, but are getting what they *would* want.” In short, the new argument must claim that whatever desires the depressed person would have after being informed and rational are mostly being satisfied, and so the ideal desire theory is committed to saying that nothing could make the depressed person better off.

Problem of Missing Informed Desires (MID)

1. Informed desire theories claim a person is well-off to the extent they are getting what they would want if informed and rational.

2. Some depressed people would want almost nothing if they were informed and rational, but are getting what they would want.
3. So, according to desire theories, nothing could make them better off than they are.
4. But there are things which could make them better off than they are
5. Therefore, desire theories are false.

The ideal desire theorist could respond to MID by denying (2). They could argue that the depressed person's informed and rational self would want many things which they are unlikely to get because of their depression.⁴⁶ Depressed people may be missing or are ignoring information about what their life could be like. If they had correct information, they might have desires they actually lack. Or perhaps the depressed person irrationally takes minor criticism as conclusive evidence that they are worthless, so that they lack desires because of this irrational thinking. Correcting errors in reasoning like this may cause them to desire things they previously did not desire. The desires that would result from idealization are likely to be frustrated for the same reasons discussed at the beginning of 2.1—that the inactivity caused by depression will make the depressed person unable to take the necessary steps to satisfy those desires.

Evaluating this response requires considering whether making the depressed person informed and rational is likely to have an effect on their desires. I will consider in turn the effect of each type of idealization on depressed desires. In section 2.2.1, I consider the possibility that ideal rationality will generate the required desires, and in

⁴⁶ Or, at least, would want whatever is needed to explain why they are not well-off.

2.2.2, I consider the possibility that information will generate the required desires. I argue that we have no good reason for thinking either type of idealization will have an effect on the desires of most depressed people.

2.2.1 Rational desires

In asking whether making the depressed person rational will affect their desires, it is important to be clear about what exactly we mean by “rational.” Many accounts of ideal rationality have been offered. Richard Brandt, for example, takes ideal rationality to be the product of something like cognitive psychotherapy.⁴⁷ According to Michael Smith being ideally rational requires, among other things, having a “maximally coherent and unified” set of desires, and not being affected by “physical and emotional disturbances.”⁴⁸

For my purposes, I will assume that ideal rationality requires full epistemic and practical rationality. My focus will be on improvement in epistemic rationality, as I am skeptical that any kind of improvement in practical rationality will generate the required desires. This is because requirements of practical reason usually have to do with what one is required to do, or be motivated to do, given one’s other beliefs and desires. For example, instrumental rationality requires that one take the necessary means to one’s ends. But in the sort of cases we have been describing, the depressed person desires almost nothing, and the desires that remain are for the most part being satisfied. Other requirements of practical reason, such as the requirements of consistency and coherence, would seem unlikely to make a difference for similar reasons. The coherence

⁴⁷ Richard Brandt, *A Theory of the Good and the Right*, (Oxford: Clarendon Press, 1979).

⁴⁸ Michael Smith, *The Moral Problem*, (Oxford: Blackwell Publishing (1994).

requirement, for example, requires that one's desires be organized in such a way as to promote maximal overall desire satisfaction. This can require that one not have certain ends. To have drinking alcohol as one's end could be irrational if it were incompatible with other ends to which one has assigned a higher priority. But, again, in the cases we have been considering, the depressed person actually desires almost nothing, but is getting the few things they do want, such as to lie in bed. So, there appears to be no failure of coherence or consistency.⁴⁹

The most promising way to argue that the depressed person would have desires if they were rational is to argue that depression is caused by epistemic irrationality. The basic thought is that depression is caused by irrational beliefs, and so removing that irrationality would allow a normal range of desires to return. The view that irrational beliefs are responsible for depression has been influential in clinical psychology and psychiatry. Cognitive Behavioral Therapy (CBT) is a scientifically supported and widely used type of psychotherapy which treats depression (among other conditions) by attempting to eliminate irrational beliefs and thought patterns. The thought patterns addressed by this therapy include things like over-generalization, the tendency to focus on negative rather than positive aspects of one's life, and self-defeating thoughts such as the thought that one will never succeed.⁵⁰ Given that this therapy treats depression by aiming to reduce epistemic irrationality, the effectiveness of such a therapy may be taken

⁴⁹ More substantive requirements of practical rationality, such as the Kantian requirement to follow the categorical imperative, may solve the problem of depression since they would require that the agent have certain ends independently of what their actual ends are. However, such a solution appears to sit uneasily with a subjectivist view of well-being, since substantive requirements on what desire are relevant to well-being are being brought in through the back door.

⁵⁰ National Alliance on Mental Illness, "Psychotherapy," National Alliance on Mental Illness, <https://www.nami.org/About-Mental-Illness/Treatments/Psychotherapy> (accessed April 2020).

as evidence that if the depressed person were ideally epistemically rational, he would have a normal range of desires.

However, empirical research also suggests that depressed people tend to be in some ways *more* “realistic” than non-depressed people—a phenomenon known as “depressive realism.”⁵¹ This research indicates that people with depression tend to be less susceptible than people without depression to certain biases in reasoning, such as overestimating one's own reputation, importance, abilities, and one's control over events.

Moreover, empirical research on the factors responsible for treatment effect in psychotherapy indicates that the improvement in mood and motivation attributed to therapies like CBT is due to factors which are common to all effective psychotherapies, many of which do not focus on challenging irrational beliefs. Common factors theory suggests that factors like having a supporting and trusting patient/therapist relationship are doing most of the work in psychotherapeutic change, whereas the “specific ingredients” of particular psychotherapeutic approaches, like CBT and its focus on irrational beliefs, are doing comparatively little work.⁵²

Finally, and perhaps most importantly, CBT and related therapies are far from universally effective in treating depression. In some cases, anti-depressant medication or electroshock therapy is the only effective treatment. This fact points to the conclusion that irrational belief is not responsible for the existence of depression in all cases. In research on the etiology of depression, the consensus seems to be that there are many

⁵¹ Lauren B. Alloy and Lyn Y. Abramson, 1979, “Judgment of Contingency in Depressed and Non-depressed Students: Sadder but Wiser?,” *Journal of Experimental Psychology: General* 108 (1979): 441-85. It should be noted that the empirical evidence on depressive realism is mixed. For a review of the evidence, see Keith Dobson and Renee-Louise Franche, “A Conceptual and Empirical Review of the Depressive Realism Hypothesis,” *Canadian Journal of Behavioural Science* 21, no 4 (1989): 419-433.

⁵² Stanley B. Messer and Bruce E. Wampold, “Let's Face Facts: Common Factors are More Potent than Specific Therapy Ingredients,” *Clinical Psychology: Science and Practice* 9 (2002): 21-25.

causes of depression.⁵³ In one form of depression, known as Seasonal Affective Disorder (SAD), depression appears to be caused by reduced exposure to sunlight during winter months, which in turn causes a change in neurochemistry.⁵⁴ The difference between a non-depressed person and someone with SAD does not seem to be a difference in rationality. All of this suggests that even significant improvements in epistemic rationality will not remove depression in all cases which, and so also gives us reason to doubt that full epistemic rationality would generate the required desires in all depressed people.

Before moving on, it is worth looking at a different sort of response based on the irrationality of the depressed person. In the “the Moral Problem,” Michael Smith defends the view that a fully rational agent is one who is not emotionally disturbed.

Desires are irrational to the extent that they are *wholly and solely* the product of psychological compulsions, physical addictions, emotional disturbances, and the like; to the extent that they wouldn’t be had by someone in a non-depressed, non-addictive, non-emotionally disturbed state.⁵⁵

Smith is here arguing that desires which are entirely the product of a disorder or a disease are not relevant to one’s normative reasons. But the same thinking could apply to well-being. Desires produced by a disease like depression are irrational and therefore not relevant to a person’s welfare. Depression can affect one’s ability to form new desires, and so it might be claimed that a fully rational person must not be depressed (or at least

⁵³ Alexander Kaltenboeck and Catherine Harmer, “The Neuroscience of Depressive Disorders: A Brief Review of the Past and Some Considerations About the Future,” *Brain and Neuroscience Advances* 2 (2018).

⁵⁴ Sherri Melrose, “Seasonal Affective Disorder: an overview of assessment and treatment approaches,” *Depression Research and Treatment* vol. 2015 (2015): 178564.

⁵⁵ Smith, *The Moral Problem*, 155. Emphasis in the original.

not have this particular symptom of depression). This response dovetails nicely with the argument considered above which claimed that cognitive therapy can eliminate depression by making the depressed person more rational. My response was in part to say that cognitive therapy does not work for everyone, and so we should be skeptical of the claim that a more rational version of all depressed people will have desires. But now the desire theorist can say that, in exactly those cases, the inability on the part of the depressed person to form new desires in the face of rational therapy is proof that their desires, or lack of them, are irrational.

However, while the inability to form or reject a desire can lead to irrationality, it does not itself constitute irrationality. If the inability to eliminate a desire were enough to make a desire irrational, it seems that many desires which appear perfectly rational would turn out to be irrational. A non-depressed person's most basic desires, such as the desire that one's children be happy, may be quite steadfast—as steadfast as a depressed person's absence of desire. But these desires do not seem irrational. There are also many desires non-depressed people *lack*, such as a desire to end the world, which they may be unable to come to have through reflection—at least, as unable as some depressed people are to form new desires. But those absences of desire do not seem irrational.

So, it cannot be the case that desires or their absence are irrational simply on the grounds that they are stubborn. It is important to ask why irremovable desires or their absence count as irrational. It is not enough to say that it is because diseases such as depression and obsessive-compulsive disorder cause ones thinking to be irrational, since this is precisely what needs to be explained. The most plausible explanation is that if a desire is wholly dependent on the existence of a disease, then the existence of that desire

is not subject to rational rejection. The disease has complete control over whether one has that desire. The desires of a fully rational agent, by contrast, may be eliminated if, upon reflection, they are found to conflict with the satisfaction of other, more important desires. The same could be said for the absence of desire: a fully rational agent is one who can come to form a desire to take necessary means to a given end, and so is able to form new desires. Desires or their absence which are wholly produced by an emotional disturbance or addiction *may* be irrational, but only if this leads to a conflict with standard requirements of rationality, such as consistency and coherence. The depressed person may be unable to form the desire to go to work or accept treatment for her depression, but for reasons discussed earlier in this section, it is not clear that standard requirements of rationality, like coherence and consistency, require them to form these desires.

2.2.2 Informed desires

Many have thought that a plausible version of the desire theory must take into account the desires we would have if we had all relevant information, and not merely our actual desires. This is because there are things we desire only because we do not know any better, and there are things we do not desire but would desire if we knew more about them. For example, I might desire to eat licorice ice cream on a friend's recommendation, but would not desire to eat it if I knew what it tasted like. And I might not desire to eat pistachio ice cream because I dislike pistachios, but would want to eat it if I knew what that ice cream tastes like. If we assume that desire satisfaction is good for a person, it seems that I am better off getting pistachio than licorice in this case because I

would want pistachio and not licorice if I knew what they both tasted like. The ideal desire theory agrees, while the “actual desire theory” must say, implausibly, that I would be better off getting licorice.⁵⁶

The defender of the ideal desire theory could argue that, like in the ice cream case, if the depressed person had more information about life, they would have desires they actually lack. The idea that information would have this effect seems widely held. A common response to learning that someone is depressed or suicidal is to try to remind them of all of the things we believe they have to live for: being able to smell flowers, listen to the rain, or watch your children grow up. These are the things which most motivate us, and when we encounter someone who is not motivated to do anything we infer that they have somehow lost sight of these good things.

In order to know whether information would have an effect on the depressed person’s desires, we need to know *how much* and *what sorts* of information is required to count as informed. Many answers to these questions have been defended. Bernard Williams held that being informed requires a correction of one’s false beliefs, as well as

⁵⁶ An informed desire theory need not be a counterfactual desire theory. A possible view is that only sufficiently informed actual desires are relevant to well-being. This view fails to explain why the pistachio ice cream is good for me, however. My desire for pistachio is not an actual desire of mine but a counterfactual one. This seems to count against the informed actual desire theory, other things being equal. But other things may not be equal; counterfactual desire theories may be implausible for other reasons. Defenders of the actual desire theory have argued that it avoids the problem of uninformed desires without needing an information requirement [cite]. If they are wrong about this, however, and the counterfactual desire theory is off the table, the informed actual desire theory may be worth considering.

Another possible version of the informed desire theory holds that the value of a desire satisfaction is determined by *the degree to which* it is relevantly informed, rather than simply by whether or not it is relevantly informed. This graded version of the view would avoid ruling out desires that fall just below the information requirement. Also, if the justification for an information requirement is that it bases a person’s good on a more accurate picture of what they want than with no information requirement, it might make sense take into account the degree to which a desire is informed in assessing its value. A problem this runs into is that the degree to which a desire is informed may not track how “accurate” that desire is—how closely it approximates what they really want. Since a small amount of information can make a big difference, the degree to which a desire is relevantly informed cannot simply be a function of the amount of relevant information upon which it is based. The degree to which one’s information is relevant also seems important.

exercising one's imagination about what each of their available options would be like.⁵⁷ Another view claims that being informed requires being given the best knowledge of the world available at the time.⁵⁸ On a view defended by Stephen Darwall, being informed requires knowing "all the facts regarding properties internal to the thing preferred," which is meant to restrict the information required to information about the objects of one's actual desires.⁵⁹ According to Michael Smith, being informed requires having no false beliefs and all "relevant" true beliefs.⁶⁰ And on a view defended by Peter Railton, being informed requires "full information," about oneself and one's circumstances.⁶¹

These views vary in the amount and kind of information required. One might think that the best view to take about the amount of information required is a full information view, which requires something like omniscience. The reason is that a motivation for moving from an actual desires view to an informed desires view is that a set of informed desires tends to be more accurate than a set of uninformed desires. It is more accurate in the sense that an informed set of desires better represents what a person *really* wants than an uninformed set by avoiding the "Dead Sea apple" phenomenon. This is the phenomenon of regretting having wanted something because getting it reveals that it is not as one had expected it to be.⁶² It might be thought that the full information view is the best option because only full information guarantees avoidance of the dead

⁵⁷ Bernard Williams, 'Internal and External Reasons', in *Rational Action*, ed. Ross Harrison (Cambridge: Cambridge University Press, 1979), pp. 101-113.

⁵⁸ Brandt, *A Theory of the Good and the Right*.

⁵⁹ Stephen Darwall, *Impartial Reason* (Ithaca: Cornell University Press, 1983).

⁶⁰ Michael Smith, 'Normative Reasons and Full Rationality: Reply to Swanton', *Analysis* 56, no. 3 (1996): 160-168.

⁶¹ Peter Railton, "Facts and Values," *Philosophical Topics* 14 (1996): 5-31; "Moral Realism," *Philosophical Review* 95 (1996): 163-207.

⁶² The Dead Sea apple case is a case of not knowing what the satisfaction of one's actual desires would be like. But the information requirement is often also motivated by the case in which one does not get an object which one would have desired had they known what it was like. The example is found originally in Henry Sidgwick, *The Methods of Ethics*, (New York: The MacMillan Company, 1907).

sea apple phenomenon. It can guarantee this because desires based on full information are based on a perfectly accurate picture of what their satisfaction would be like. The problem is that requiring too much information also leads to problems, such as the problem of figuring out how to fit such a large amount of information into a finite mind.

As important as these problems with the full information view are, I think it makes most sense to focus on full information views in attempting to answer the question whether an informed desire view can avoid the problem of depression. This is because more information is more likely to make a difference to a person's desires than less information. And I intend to argue in this section that, for some cases of depression, we have no good reason to expect information will make a difference. If full information has no effect on a depressed person's desires in some cases, then less than full information is even less likely to do so.

Even a full information account must answer questions about what kind of information is required. One question important to the discussion that follows is whether fully informing a person requires merely giving them a list of all true propositions, or requires giving them certain experiences. The first of these two options David Sobel calls the "report model."⁶³ According to Sobel, on this model, being fully informed would be akin to having "expert lawyers" argue for and against each possible way one's life could go. For example, being informed about my ice-cream flavor decision would require having each flavor option be argued for as fully as possible.

As Sobel points out, the problem with this model is that it does not seem to produce enough information, leading to the Dead Sea apple possibility. It is possible that

⁶³ David Sobel, 'Full Information Accounts of Well-Being', *Ethics: An International Journal of Social, Political, and Legal Philosophy* 104, no. 4 (1994): 796.

what it is like to have an experience is drastically different from the way even the most vivid description might make it appear. The example involving ice cream mentioned above illustrates this problem. Like in Frank Jackson's example of Mary the color scientist, I may know every piece of propositional information about licorice and pistachio ice cream and yet lack knowledge of what it is like to experience eating those two flavors.

The second model, which Sobel calls the "experiential model," says that being fully informed is a matter of knowing about every possible way one's life could go "from the inside" by having firsthand experience of it. This model avoids the problem of too little information faced by the report model because it ensures that an informed person "fully appreciates" what it is like to have this or that desire satisfied—something a mere report supposedly cannot give them. My ice-cream decision is fully informed on this model only if I had the experience of tasting each flavor. However, this model has problems of its own. One problem, discussed in more detail below, is that it may not be possible to "fully appreciate" different lives from a single perspective, since one's ability to fully appreciate what some experience would be like may in part depend on what desires one has.

Since it seems that having full propositional information is compatible with having full experiential information, and since having both sorts of information appears to involve having more information than either by itself, I will be assuming a version of the informed desire theory which requires both full propositional and experiential information. With this rough idea of the information requirement in mind, we can now ask whether an informed version of a depressed person would have the missing desires.

a. Propositional information. First, it is important to recognize that people with depression, as a group, have not been less acquainted with happiness in their past than non-depressed people. In many cases, depression occurs in the absence of any setback and despite the appearance to the depressed person and those around her that everything in her life is going well. For this reason, if information will have an effect on the depressed person's desires, it will generally not be in virtue of giving them new information about things most people tend to have intrinsic desires for, such as love, security, or career success, for depressed people have been just as acquainted with these things as non-depressed people.

However, depression may have the effect of causing the depressed person to forget, distort, or be less able to focus on some of this information. It is this possibility, in particular, which seems to explain the common reaction, mentioned above, of wanting to remind those who are depressed and suicidal of the many things they have to live for. The hope is that after we remind the depressed person of these things, some of their former, non-depressed desires will return. Full information would be the most comprehensive reminder possible.

But these efforts to remind the depressed person generally fail to motivate them. This is because, in most cases, they have not forgotten about the existence of the things we remind them of but, like Tolstoy, are simply no longer motivated by them. An attempt to help a depressed or suicidal person in this way often makes things worse by making that person feel misunderstood rather than motivating them, and is for this reason

discouraged by mental health professionals.⁶⁴

Perhaps these efforts to remind fail because depression affects how the depressed person focuses on the information they have. They may become more myopic than non-depressed people, and generally less able to access information about life they used to have than non-depressed people. In the section on rationality, we considered the fact that depressed people tend to systematically discount or ignore positive things in their lives and focus on negative things. Maybe depressed and non-depressed people are different in this way: depressed people tend to have less access to information about their lives than non-depressed people—namely, the positive information. By “less access” I only mean that, due to their depression, they tend to focus less on what is going well. If given access to this positive information, perhaps they would regain interest in life.

But though people with depression do appear to spend more time focusing on negative facts, it does not follow that they have less access to information about the world than non-depressed people do. All that follows is that they focus on different aspects of their life than non-depressed people do. It might be that non-depressed people spend equivalently more time than depressed people focusing on positive things, in which case they may be ignoring just as much information about the world as depressed people—namely, the negative information. If this is right, the difference between depressed people and non-depressed people would be that they focus on different information.

It might be replied that what matters is that depressed people focus more on desire sapping facts, such as a recent setback or one’s own mortality. So although depressed people may be no less informed than non-depressed people, they are less informed about

⁶⁴ National Suicide Prevention Lifeline, “Help Someone Else,” National Suicide Prevention Lifeline, <https://suicidepreventionlifeline.org/help-someone-else/> (accessed April 2020)

the things that tend to produce desire. Fully informing the depressed person would involve adding the positive information, and we might expect this to produce more desires than they have. But this seems to be mostly a guess. It is hard to know what the effect of full information on motivation and desire will tend to be—whether it will tend to sap motivation or increase motivation. That is, it is hard to know whether full information will tend to move a depressed person toward becoming happy and motivated, or tend to move a non-depressed person toward becoming more depressed. At least, I can see no reason for thinking the balance point of full information tips in favor of creating a non-depressed set of desires rather than a depressed set.

b. Experiential information. So far, we have mainly focused on the effect of full propositional information on desire. It is possible that depressed people lack experiential information that non-depressed people have. There is evidence that depression does affect one's ability to have certain kinds of experiences, such as the experience of pleasure. Anhedonia, or the inability to feel pleasure, is a common symptom among people with depression. In depression, colors can appear duller and less vibrant.⁶⁵ This inability may mean they have lost crucial information about what the experience feels like, even if they remember having had pleasure experiences in the past. If they were to have a vivid enough awareness of what these experiences are like, perhaps they would desire to have those experiences.⁶⁶

⁶⁵ Emanuel Bubl et al., "Seeing Gray When Feeling Blue? Depression Can Be Measured in the Eye of the Diseased," *Biological Psychiatry* 68, no. 2 (July, 2010): 205-208.

⁶⁶ Compare the example involving ice-cream flavors. Even if I vaguely recall having tasted pistachio as a child, my decision about which flavor to pick is not fully informed unless I have a vivid awareness of its taste. I may prefer it now if I had that vivid awareness. Similarly, the depressed person may want pleasurable experiences if they had a vivid awareness of how it feels.

The problem is that changing the depressed person in this way may make them unable to have the experience of not taking pleasure in anything, and so not able to fully appreciate what life would be like as a depressed person. This is an instance of a more general problem for the experiential model of full information theories: being able to appreciate what it is like to have certain experiences sometimes precludes being able to appreciate what it is like to have other kinds of experiences, and so no single, fully informed perspective may be possible. To illustrate the problem, Connie Rosati gives us the example of an obtuse person who, being obtuse, is unable to appreciate what it would be like to experience life as a compassionate person.⁶⁷ To make them able to know what the life of the compassionate person is like “from the inside” would require that they take on the ideals, traits, and motivations which characterize the compassionate person. Or it may require adding the capacity for certain emotional experiences that the obtuse person lacks. But if this is done, it creates someone who no longer has the ideals, traits, motivations and emotional capacities necessary for appreciating a life as the obtuse person would experience it.

Likewise, if we change the depressed person so that they are capable of fully appreciating what it is like to experience life in a non-depressed state, we make them unable to know how it feels to be depressed. Even a person who has experienced depression in the past may no longer have a sufficiently vivid awareness of what the emptiness of depression feels like.

To summarize, the defense of the informed desire theory in this section was to say that full experiential information would create a normal range of desires in the depressed

⁶⁷ Connie Rosati, “Persons, Perspectives, and Full Information Accounts of the Good,” *Ethics: An International Journal of Social, Political, and Legal Philosophy* 105, no. 2 (1995): 318.

person because this idealization would allow them to truly appreciate what life is like as a non-depressed person—fully knowing again the experience of joy, for example. But, I objected, it is impossible for the depressed person to have this knowledge and at the same time know what it is like to be depressed. So the set of desires they would have as a result would not be based on full information, but only different information, and so we would have no reason to privilege this set of desires over the depressed set.

2.3 Future Desires

A different approach claims that the depressed person is not well-off because depression leads to the frustration of future desires—desires a person will have in the future. Depression is usually treatable and can sometimes naturally subside even without treatment. When this happens, depression usually gives way to a normal range of desires. If the depressed person fails to do certain things while depressed, they may wind up frustrating their own future desires. The depressed person's failure to get out of bed or seek treatment, for example, could lead to the frustration of their future desire to have financial stability.

The problem of depression argument says that the depressed person is not well-off when they are depressed, and it says the desire theory must claim they are well-off. We can grant that the frustration of a person's actual future desires makes their life as a whole go less well, but it is not clear that it makes their life go less well in the present—at a time long before they have these desires. This would seem to require holding a version of the desire theory which says that a desire satisfaction benefits you at all times in your

life, or that your level of welfare at a time depends only on how well your life as a whole goes. Dale Dorsey offers a number of reasons for thinking such a view is unattractive.⁶⁸

In any case, this response faces an even more serious challenge in defending its second premise. The problem is that not all depressed people will have actual future desires. For some, depression does not subside naturally. In some of those cases, treatment can alleviate their depression. However, not everyone gets treatment. Some lack information about its existence and as a result remain depressed. Others are aware but refuse treatment. Finally, some depressed people lack future desires because they die from suicide. These people will not have future, non-depressed desires. So, the desire theorist cannot appeal to the frustration of their future desires to explain why their life is not going well.

A reply would be to claim that *possible* future desires are relevant to well-being. This would avoid the problem just mentioned since, although depressed people who will not *actually* come to have future desires, they nevertheless *could* have future desires. I consider this response at length in the following chapter.

⁶⁸ See Dorsey, “Desire-Satisfaction and Welfare as Temporal.”

CHAPTER 3: REVISING THE DESIRE THEORY

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Chapter 2 focused on the strategy of responding to the problem of depression by denying premise (2) of (MD):

Problem of Missing Desires (MD)

1. Desire theories claim a person is well-off to the extent they are getting what they want.
2. Some depressed people want almost nothing, but are getting what they want.
3. So, according to desire theories, nothing could make them better off than they are.
4. But there are things which could make them better off than they are.
5. Therefore, desire theories are false.

This strategy involved trying to show that the depressed person has, or would have under ideal conditions, desires which will be frustrated. Chapter 2 argued that this strategy fails. In light of this failure, the desire theorist must consider a different strategy.

The present chapter looks at one such alternative strategy. It involves revising or clarifying the desire theory as stated in (1) in such a way that (3), which is supposed to follow from (1) and (2), does not follow. Given that the expression of the desire theory in (1) can be made more precise in a number of ways, it is not exactly clear that this does follow.

3.1. Object vs Combo View

One attempt the desire theorist could make to avoid the problem of depression would be to appeal to the distinction between a version of the desire theory which says that what has intrinsic prudential value is the *object* of a person's desire and a version which says that what has intrinsic prudential value is the *satisfaction of a desire*—in other words, an object *and* the desiring of that object.⁶⁹

Object View: *X* is good for S iff S desires *x*.

Combo View: *X* is good for S iff *x* is a desire satisfaction (desire + object).⁷⁰

⁶⁹ I owe this distinction to Ben Bradley, "Objective Theories of Well-being."

⁷⁰ The combo version of the desire theory seems to lose the metaphysical naturalist advantage that the desire theory is thought to have over its rivals, including hedonism. On the object version of the desire theory, value statements like "*x* is good" are fully reducible. The statement "*x* is good" can be fully replaced by talk about natural properties. Specifically, "*x* is good" would be replaced by "*x* is desired." This is an advantage over hedonism because, while pleasure can be claimed to be a natural property, so that the hedonist can say "pleasure is good," what can replace "good" in this statement? We might say it can be replaced with "pleasurable." But is the property to which that term refers a natural property? The combo version of the desire theory shares this problem. The statement "*x* is good" is not reducible to "*x* is desired" because, on the combo version, *x* is a desire satisfaction which is valuable regardless of whether anyone

The desire theorist might claim that the problem of depression poses a challenge to the object view but not the combo view. The argument would begin with the claim that the combo view allows for more things to make a person better off than the object view. This is because the object view appears to limit what can be good for a person to the things they happen to desire. Put another way, one's maximal well-being is limited, on the object view, by the set of objects one happens to desire (on the plausible assumption that maximal well-being is limited by the things that can improve well-being). The combo view has no such limit. It says that what is good for a person is the having of a desire satisfaction, which seems to involve no requirement about which objects are desired. Desire satisfactions, on the combo view, would be treated like units of pleasure, where the more of them one gets, the better. In this way, maximal well-being for a person is limited only by the number of desire satisfactions one could have.

The object view runs into the problem of depression because it commits the desire theorist to saying that, for the depressed person, only the objects of their few desires could improve their well-being. Because the depressed person has almost all of them, it says they are nearly as well-off as they could be. The combo view is able to avoid the problem because, though the depressed person desires very few things, they could have many desire satisfactions by having many desires, and so could be much better off than they are.

desires it. For a defense of desire theories along these lines, see Joseph Mendola, *Human Interests or Ethics for Physicalists* (New York: Oxford University Press, 2014).

While this response gets something right, what it gets right does not depend on the object/combo view distinction. The reason this distinction is not relevant is that a proponent of the object view can also claim that “more is better.” Their view says the object of desire has value, but the desire for that object is a background condition on the object having value (there would be no object with prudential value without a desire for it). So, like the combo view, the object view requires the existence of a desire and the existence of the object of that desire in order for value to obtain. The object and combo views disagree only about “where” the intrinsic prudential value in a desire satisfaction is located—the object only, or the object and the desire.

The mistake made in the suggested response is assuming that the object view is committed to saying that only the objects of actual desires have prudential value. The distinction between views which count only actual desires as relevant to well-being and a view which counts actual and possible desires as relevant is orthogonal to the object/combo view distinction. The combo view could also restrict what is good for a person to actual desire satisfactions, and the object view could allow the objects of possible desires to be relevant to a person’s welfare. The response is in the right direction because it points to what seems to matter: the difference between saying only a person’s actual desires are relevant to how well-off they can be, and saying that desires they could have are relevant. Section 3 will look at how this distinction may play a role in solving the problem of depression for the desire theory.

3.2. Fraction vs Integer View

Another potential solution to the problem is by making the desire theory more precise involves paying attention to how a desire theory measures well-being. As noted in Chapter 1, a good theory of well-being should tell us more than just what things are prudentially good and bad. Another thing a theory should tell us is how to measure well-being given facts about what things are good and bad. The simplest possible answer to the measurement question is that when you get something which is intrinsically good for you, your well-being improves, other things being equal. But many other questions about measurement remain. How much does each object improve your well-being? On a desire theory, one desired object might improve your well-being more than another depending on things like how intense the desire is, how central the desire is in your set of desires, or whether you get the object earlier or later in life.⁷¹ Though these questions about measurement are important, they are not the questions about measurement relevant to the present response. The present response is concerned with how desire satisfactions and frustrations are counted.

On a version of the desire theory which I will call the “fraction view,” your well-being is thought of as the proportion of your satisfied desires to your total desires. More precisely, your well-being at a time t is calculated by dividing the number of your satisfied desires at t by your total number of desires at t .

$$\text{Fraction View: } S\text{'s well-being at } t = \frac{\text{\# of } S\text{'s satisfied desires at } t}{\text{\# } S\text{'s desires at } t}$$

⁷¹ See Dorsey, “The Significance of a Life’s Shape.”

For example, if you have 10 desires, and 9 of them are satisfied, your level of well-being would be represented as 9/10. Importantly, on this view, 1 represents maximal well-being. In the example just considered, you are as well-off as you can be when all 10 of your desires are satisfied.

On an alternative view, which I will call the “integer view,” your well-being is thought of as a whole number which represents your satisfied desires minus your frustrated desires.

Integer View: S ’s well-being at $t = (\# \text{ of } S\text{’s satisfied desires at } t) - (\# \text{ of } S\text{’s frustrated desires at } t)$

In the previous example, you had 10 desires, 9 of which were satisfied. Since you have 1 frustrated desire, your level of well-being would be represented as 8 (9 satisfied desires minus 1 frustrated desire).

The following example may further help illustrate the difference. Suppose A through E are versions of your life at time t in which you had different numbers of desires and satisfactions. The top row (SD) represents the number of desires that are satisfied, and the bottom row (D) represents the total number of desires you have at t :

Ex.1	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>
SD	1	20	18	0	0
D	1	20	20	1	20

Fraction	1	1	9/10	0	0
Integer	1(1-0)	20 (20-0)	16(18-2)	-1 (0-1)	-20 (0-20)

Here, the fraction view has the result that A and B are equally well off, and D and E are equally well off. This is because the proportion of satisfied desires to desires is the same in each case. The integer view, by contrast, says that B is doing better than A, and D is doing better than E. This is because B and D have a greater balance of satisfied desires than A and E, respectively.

There is some reason for thinking that only the fraction view is subject to the problem of depression argument. Recall again what that argument says:

Problem of Missing Desires (MD)

1. Desire theories claim a person is well-off to the extent they are getting what they want.
2. Some depressed people want almost nothing, but are getting what they want.
3. So, according to desire theories, nothing could make them better off than they are.
4. But there are things which could make them better off than they are.
5. Therefore, desire theories are false.

The desire theorist can claim that this argument succeeds only if we interpret (1) as expressing the fraction view. Imagine that the depressed person is A and the non-depressed person is B. According to the fraction view, since both A and B are getting everything they want, they are equally (and maximally) well off. This seems wrong because we want to say that B, the non-depressed person, is better off than A, the depressed person. The integer view can explain this intuition. According to the integer view, B is better off than A because B is getting a greater balance of desire satisfactions than A. The force of the problem of depression comes from the thought that the desire theory is committed to saying that the depressed person, since they are getting virtually everything they desire, is doing well—as well as anyone else who is getting virtually everything they desire. But this is only true of the desire theory if it says that two people are equally well-off whenever they are getting the same proportion of their desires satisfied. Since the integer view measures well-being, not in terms of the proportion of desires satisfied, but in terms of the number of desires satisfied over the number frustrated, it can explain why the depressed person is not as well-off as a non-depressed person. The integer view says A's well-being is 1 and B's well-being is 20, so it is at least able to represent a difference between the well-being of A and B, and it seems to be representing the difference that matters. While A is getting some desire satisfaction, A is still relatively badly off compared to B, who is getting much more desire satisfaction. And this seems to be an intuitive explanation of why the depressed person's life is not going as well, despite the fact that they appear to be getting what they want. Their life is not going as well because depression has sapped their desires, and thereby sapped their capacity for desire satisfaction.

It might be objected that the best way to understand the difference between the depressed and non-depressed person, on the desire theory, is not as the difference between A and B—as the mere difference in the number of their desires, but something less crude. Most plausible versions of the desire theory will count some desire satisfactions as more valuable than others. For example, most versions accept that the strength of a desire is relevant to the value of its satisfaction. The satisfaction of a strong desire is held to contribute more to well-being than a weaker desire, other things being equal. If this is right, then A might be better off than B if A's single desire is sufficiently strong and B's desires are sufficiently weak.

But while representing the depressed and non-depressed person as A and B is a crude oversimplification, this fact does not undermine the argument against the fraction view. This is because all that is needed to show the fraction view is inadequate is a single case in which two people have something like the desire profiles of A and B. Even taking into account all of the subtleties involved in an accurate measurement of well-being on any version of the desire theory, it is possible to imagine a case in which two people have the same proportion of their desires satisfied, have overlapping desires (B has all the desires A has) but differ in the amount of desires they have (B has more than A). As long as it seems B is doing better than A, the fraction view will be unable to represent that difference.

As with the argument in the previous section, while this argument against the fraction view notices something important, it alone does not solve the problem of depression. This is because premise (3) says

3. So, according to desire theories, nothing could make them better off than they are.

It is not clear that, even on a version of the desire theory which accepts the integer view, the desire theorist can explain how a depressed person could be better off than they are. After all, the desire theory says that what is good for a person is getting what they want, and a natural way of understanding what this means is that only the satisfaction of the depressed person's desires could make them better off. If the depressed person is getting what they want, then, even if it is true that the non-depressed person has more satisfied desires and is therefore better off, it doesn't straightforwardly follow that the depressed person could be better off. What is missing from the discussion is what was pointed at by the argument in the previous section—the distinction between versions of the desire theory which take actual desires and possible desires to be relevant to well-being. I turn to this distinction in the next section.

3.3. Actual vs Possible Desires

In order for MD to succeed as an objection to the desire theory, an assumption must be made about how to interpret premise (1).

1. Desire theories claim a person is well-off to the extent they are getting what they want.

To say that one's well-being is determined by the extent to which one is getting what they want could mean one of two things. First, it could mean that your well-being is determined only by how many of your *actual* desires are satisfied:

Actual desires view: *S*'s maximal well-being at *t* = the satisfaction of all and only *S*'s *actual* desires at *t*.

On this interpretation, you are as well off as you can be when all of your actual desires are satisfied. If you had only one desire at *t* and it was satisfied, you would have desire satisfaction to the greatest extent possible, and so be as well off at *t* as you could be. Second, it could mean that your well-being is determined by possible desire satisfactions.

Possible desires view: *S*'s maximal well-being at *t* = the satisfaction of the maximal amount of desires *S could have* at *t*.

On this meaning, you are at maximal well-being when you have all of the desires you could have and they are satisfied. This means that you could be better off than having all of your actual desires satisfied if you could have additional desires which got satisfied. In other words, a version of you in a nearby possible world who is identical to you except who has an additional desire you do not have (which gets satisfied) is better off than you are, other things being equal. The actual desires view would deny this

because that additional desire is not one you have in the actual world, and so its satisfaction is irrelevant to your well-being.

According to the actual desires view, your maximum well-being is determined by looking only at those possible worlds in which your actual desires remain fixed, and finding the world in which the greatest number of your actual desires were satisfied. By “remain fixed,” I mean that, in those worlds, you have all and only the desires you have in the actual world. More clearly, if we let p_1 be the actual world, the actual desires view says to look at only those worlds in which you have the desires you have in p_1 . There will be some world, p_2 , in that domain in which the number of your satisfied (p_1) desires is greater than or equal to the number of satisfied (p_1) desires in any other world in that domain. That will be the world where you are as well off as you could be.

By contrast, according to the possible desires view, the domain of possible worlds relevant to how well-off you can be is not restricted by your actual desires. We also need to consider possible worlds in which you have a different set of desires than you have in the actual world. Among those possible worlds, the possible desires view tells us to look simply for the one(s) in which you have the greatest balance of satisfied desires over frustrated desires. There will be some world, p_3 , in which the number of satisfied desires minus frustrated desires is greater than or equal to the number in any other world in that domain, and there you will be as well off as you could be.

If we interpret (1) in the second way—that is, as referring to the possible desire version of the desire theory, then (3) does not follow. This is because the depressed person described in (2) has very few actual desires and is getting them all satisfied, but could have more desires which could get satisfied. If they were not depressed, for

example, they would have many desires they now lack, and many of those desires could get satisfied. So the depressed person could have desire satisfaction to a greater extent than they actually have, and so are not nearly as well-off as they could be.

Only if we read (1) in the first way—as referring to the actual desires version of the desire theory—then (3) seem plausible. This is because, if every one of the depressed person's actual desires are getting satisfied, then the actual desires view will say that person is as well off as they could be. The actual desires view cannot point to the desires the depressed person could have in order to show that they could be better off. Thus, the possible desires view but not the actual desires view appears to be able to solve the problem of depression.

The possible desires view may have other advantages as well. One problem for the actual desires view is that it seems unable to make sense of interpersonal comparisons of welfare. This is because, if only actual desires are relevant to welfare, we cannot say a person S would have been better off if they had had more desires which got satisfied. If S has 2 desires which both get satisfied, and U has 4 desires which all get satisfied, then, on an integer version of the desire theory, it would make sense to say that U is doing better than S . This is why the integer view seemed to be more plausible than the fraction view. But now suppose that S^* is S in another possible world where S^* has 4 desires which are all satisfied. The actual desires view seems committed to saying that S would not have been better off as S^* because at least two of S^* 's desires are not desires S has in the actual world. But this leaves the actual desires view committed to the strange result that

1. U and S^* have the same number of satisfied desires (4 net satisfied desires each)
2. U is better off than S (4 net satisfied desires is better than 2)
3. S^* is not better off than S (4 net satisfied desires is *not* better than 2)

While this points to a problem for the actual desires view, it is not as bad as it looks. Commitment to claims 1-3 does not show, for example, that the actual desires view is committed to a contradiction (that 4 net satisfied desires both is and is not better than 2 net satisfied desires). This is because the actual desires view can and does say that whether a desire satisfaction improves welfare for a person depends on whether that person actually has that desire. S can be better off only by getting S 's actual desires satisfied. So S^* is not better off than S . But this does seem to leave it a mystery how we can say that U is better off than S .

To summarize this section, a promising solution to the problem of depression is to deny (3) in the argument above by pointing out that we have no reason to accept it if (1) is interpreted in the right way. If we read (1) as saying that you are well-off to the extent that the desires you could have are satisfied (possible desires view), then the depressed person described in (2) is getting a relatively small number of those units compared to a non-depressed person. We lack an account of how many of these units a person needs to count as well-off, but it is at least not obvious, now, that the desire theory is committed to saying that the depressed person is well-off.

The next section considers a problem for the possible desires view. Before turning to it, let me summarize the first three sections. Accepting the integer view is

necessary for the desire theory to avoid the problem of depression, but only because it, and not the fraction view, is able to allow for a difference in well-being between the depressed person and the non-depressed person (as represented by A and B) to be expressed.

The object/combo view distinction, however, was a red-herring. Both the object view and combo view are compatible with the possible desires view. The object view, recall, says that what is intrinsically good for you is the object of your desire, which we have been assuming to be a state of affairs. The combo view, by contrast, says that what is intrinsically good for you is the combination of your desire and its object, or the state of affairs desired. There is a temptation, I think to assume the actual desires view is compatible only with the object view, and the possible desires view is compatible only with the combo view. This is perhaps because the possible desires view is most easily described as the view which says you could be better off if you had additional desires which get satisfied. It sounds strange to say that you could be better off if you got more objects of possible desires. But this is what an object version of the possible desires view says. It is true that it is necessary, on this view, that you must have more desires in order to be better off (assuming all of your actual desires are satisfied). But this does not entail that those desires are part of what has value. Desires would be, on this view, background conditions on a state of affairs having value.

3.4. An Objection

The solution to the problem of depression outlined above faces a serious objection. The objection is that, if we allow that merely possible desires are relevant to

determining your level of well-being, then the theory seems committed to saying you would be better off if you had radically different desires from the ones you have, as long as this means you would have more overall desire satisfaction. But in some cases, at least, having radically different desires would not make you better off.

To begin, I think it would help to reflect on a hypothetical case of desire replacement:

Desire Replacement Treatment: You are offered a surgical treatment which is guaranteed to replace your desires with a set much different from the ones you have, but which is also guaranteed to lead to greater overall desire satisfaction for you in the long run. The treatment will not affect any of your mental capacities. It will not make you emotionally unstable, lower your IQ, or make you less able to empathize with others. You will not have fewer friends, or become unable to find a job (though you may end up with different ones). You will care about just as many things as you did before, and just as deeply, and you will get at least as much of what you want as you did prior to the treatment.

I think that few people would opt for such a treatment, even knowing it would lead to greater overall desire satisfaction. But the possible desires view seems to predict that rational people would opt for it.

The change in desire produced in this case need not involve a break in psychological continuity. You could remember that you had the treatment, and remember everything that happened before the treatment. You just would not want those

things any more. Nor need this change be so radical that it destroys the person undergoing the surgery and replaces them with a new person (even assuming some psychological view of personal identity is correct).

Still, one might doubt the possibility of such a case. One might doubt that artificial manipulation of your desires could create a set of desires which would lead to greater overall desire satisfaction. Perhaps knowledge that your desires were generated in this way would lead you to lack higher order desires that your new desires be satisfied, or to judge the objects of your desires as not really worth obtaining. So, while new desires could be generated by such a treatment, either few would get satisfied (because you would not see the point in getting them satisfied) or their satisfaction would not contribute as much to your well-being (because they are not endorsed by you). But consider those who have their depression successfully treated with medication. Treatment can seem to produce a fairly drastic change in their desires, and they also recognize that these desires are the product of a medication. But their recognition of this fact does not usually lead them to see their new desires as not worth satisfying. So the desire replacement treatment case seems psychologically possible.

It may be that part of your reluctance is due to the fact that you take yourself to have moral reasons to have some of the desires you have. For example, you may desire to be a teacher because you believe that that kind of career would allow you to help others, and you believe that helping others is objectively important. Having a treatment which would eliminate these sorts of desires might mean that you would not do what you take yourself to have moral reasons to do. If this explains why people's reluctance to opt

for the treatment, then their reluctance does not show that they believe such a treatment would be bad for them.

For this reason, it might seem better to suppose that the treatment will replace only those desires which you do not have objective reasons to have. This would include many desires that we do not strongly identify with, like the sorts of foods we desire. But it would also include some desires we do strongly identify with. Consider some of the goals you have in life. Many of these would be things you believe you have objective reason to do—reasons not merely given by your desires. But many would not be grounded in what you believe you have objective reason to do. You might want certain kinds of non-moral accomplishments, or to become good at a certain sport or artistic endeavor. You want to be around certain kinds of people and not others. You want to read certain kinds of fiction, and become more knowledgeable about certain things but not others. The treatment could change all these desires without changing any of the desires that you have moral, aesthetic or epistemic reasons to have, and yet I think most people would still be reluctant.

But I do not think we need to reimagine the replacement case in this way. If the explanation for our reluctance to get a desire replacing treatment is that, by changing our desires we will not do what we have moral, aesthetic or epistemic reason to do, then we should be able to eliminate reluctance for treatment by stipulating that the new desires will get us to do as much of what we have reason to do as we were going to do anyway. This could be accomplished by replacing our moral desires, for example, with other, equally morally worthy desires. We might, for example, come to desire a different career, but one which is at least as morally good. I think even if we were given this

assurance about our new desires, however, we would still be reluctant to get the treatment. So our reluctance cannot be explained away as a concern about objective reasons.

I think we are reluctant because we think the treatment would not be good for us, and I suspect the reason we think it would not be good for us has something to do with the importance to us of our own desires. In fact, one of the advantages of the desire theory over competing theories of well-being is supposed to capture this importance. The anti-paternalism advantage of the desire theory that was discussed in Chapter 1 says that what is good for us out to be in some important sense up to us. This advantage allows that you and I could have interests in life that are quite different from one another, and yet we could both be living good lives as long as we are both getting what we want. The flip-side of this is that getting what I want—or living the kind of life shaped by my interests—is not good for you if your interests are very different from mine. The problem with the replacement case is that, in principle at least, it could replace your interests with mine. So the anti-paternalism advantage of the desire theory is forfeited to some extent if the desire theory is committed to saying that the replacement treatment would be good for you.

Where does this leave the desire theory? The desire theory seems faced with a dilemma. Artificial desire replacement would be harmful in ordinary cases, such as in the case just discussed, but would increase well-being for most depressed people. As mentioned, anti-depressant treatment sometimes has the effect of drastically changing a person's desires. Yet in those cases it is good for the person. Either the desire theorist must say that replacement treatments that produce more desire satisfactions are always

good for people (in which case the treatment in the case just described is good for you), or it is not (in which case anti-depressant treatment is not good for people).

A third option is available, however, which is to somehow explain the difference between the ordinary replacement treatment case and the depression treatment case. One obvious difference between the cases is that the effect of anti-depressant medication is to create many new desires seemingly without destroying old desires. Some of the depressed person's desires will be eliminated. They will no longer desire to sleep all day or to avoid contact with others. But these desires would be relatively few compared to the amount of desires destroyed in the sort of replacement case described. In that case, most of your desires would be replaced with different desires. If we were merely add new satisfied desires to an ordinary person's set of desires, this would not obviously make them worse off.

But does this difference really explain the difference in our intuitions? Why think that desire replacement is bad for a person, but merely adding new desires is not bad? It cannot be that desire replacement involves creating an alien or artificial set of desires, because the new desires can be alien or artificial in both cases.

So if desire replacement is bad for a person, it must have to do with eliminating existing desires. How could a desire theorist explain this harm? On standard versions of the desire theory, the only thing which is bad for a person is to have a frustrated desire. On the possible desires view, a second way of harming someone is to lower the overall number of satisfied desires they would have. In the desire replacement case, this second way of harming a person cannot explain why they seem worse off because it is stipulated that they get more overall desire satisfaction than they would have without treatment.

But a desire theorist could say that eliminating any existing desire is a way of frustrating desire which harms a person.

But it is not clear how eliminating a desire could be a way of frustrating that desire. On the view of what counts as desire satisfaction and frustration set out in Chapter 1, a desire is satisfied if, and only if, the state of affairs which is desired obtains, and frustrated if, and only if, the desire is not satisfied. On this view, it would seem that whether eliminating a desire harms or helps a person depends on whether the state of affairs desired will come about or not. If the state of affairs desired will not come about, then eliminating the desire would seem to improve well-being by preventing desire frustration. And in the case where the eliminated desires would have gotten satisfied, so that by eliminating their desires we deny them the benefit of having a desire which would get satisfied, these desires would get replaced with at least as many desires which would get satisfied. So they would not, on balance, be harmed.

To reiterate, the idea is that the replacement either eliminates desires that would have been satisfied or it eliminates desires that would not have been satisfied, and either way replacement leads to more overall satisfaction. If the original desires would not have gotten satisfied, then we do them a favor by eliminating them (thereby eliminating frustrated desires), and if the original desires would have gotten satisfied, then while it is true that by eliminating those original desires we eliminate potential satisfied desires, these get replaced with even more new satisfied desires. So the desire theory can give us no explanation of our intuition that a person is harmed in the replacement case.

3.5. A Problem for Everyone

While the problem of artificial desires is a serious problem for the possible desires view, it may be argued that it poses an equally serious problem for the actual desires view. This is because a person's actual desires can also be the product of manipulation, as in the replacement case. This is what would happen, after all, as a result of the replacement treatment. We would have a person with actual desires that were the product of replacement. If the problem of artificial desires is just as much a problem for the actual desires view as it is for the possible desires view, then the problem gives us no special reason to reject the possible desires view. Since the possible desires view seems to offer a reply to the problem of depression, we have some reason to prefer it over the actual desires view and no reason not to.

But is the problem of artificial desires as much of a problem for the actual desires view? What must that view say about the replacement case? It is not initially clear what it must say, since the actual desires view, as I have formulated it, says only that non-actual desires are irrelevant to one's level of well-being. It does not say anything about the effect on well-being of removing actual desires. I think the actual desires view must say that a version of you which lacks the desires you actually have is worse off for lacking them if those desires would have gotten satisfied in the actual world, but not if those desires would not get satisfied in the actual world. The integer version of the actual desires view cares about maximizing the amount of actual desire satisfaction. So if this can be done by removing frustrated desires, doing so would make you better off. But if a treatment removes actual desires that would otherwise get satisfied, it harms you. Since, in the replacement case, we were supposing that your actual desires would (mostly) all

get satisfied if you decide not to opt for treatment, it seems the actual desires view must say you would be made worse off by treatment. It would result in your getting fewer desire satisfactions of the kind that matter.

So, the actual desire theory seems able to explain why the desire replacement treatment would make a person worse off. But it is subject to the problem of depression, since it can't explain why a depressed person would be better off if they had more desires than they actually have. There is a tension between solutions to each problem. It remains open, however, whether a more modified version of either theory could solve both problems. In the remainder of this work, I focus exploring ways of modifying the possible desires view, as I see no way of modifying the actual desires view to avoid the problem of depression.

In the next section, I will focus on exploring potential solutions to the replacement desires problem for the possible desires view.

3.6. Solutions to the Desire Replacement Problem

3.6.1. Rejecting concurrentism

One way of responding to the problem of artificial desires on behalf of the possible desires view would be to reject concurrentism. Concurrentism is the view that a desire satisfaction is good for a person only if their desire is concurrent with its satisfaction. In other words, only if the state of affairs desired obtains at the same time a person desires it are they made better off. Non-concurrentism is the view that satisfying your desire can be good for you even when you currently do not have the desire (either because the state of affairs desired obtains after you lose the desire or before you come to

have it). Concurrentism has not been widely accepted among desire theorists, but it does have proponents, and there are compelling arguments in its favor.⁷²

In any case, the desire theorist may be able to avoid the problem of artificial desires by rejecting concurrentism. The solution involves recognizing that even though desire replacement may change your current desires, it cannot change the desires you once had, and many of the desires a person has are future directed. Eliminating such desires could also thereby frustrate them because the person will no longer pursue the satisfaction of those desires. If I have a desire now to visit Japan one day, I am now disposed to try to get there eventually. If I no longer have that desire, I will most likely no longer be so disposed.

On a version of the desire theory which does not accept concurrentism, a desire can be frustrated even if it does not now exist. So eliminating a desire could harm a person, not merely by denying them the opportunity to have a satisfied desire, but by frustrating a desire that would not have been frustrated if it had not been eliminated. It will still be a fact about me that I desired to visit Japan one day, but after treatment, I lose that desire and do not get there. That past desire is thereby frustrated, and my life thereby contains one more desire frustration.

A desire theorist could explain the badness of desire replacement, on this view, by claiming that replacement creates less overall desire satisfaction than non-replacement. If, for example, replacement removes 100 desires which would have gotten satisfied and replaces them with 101 new desires which will get satisfied, we make the person worse off because replacement thereby creates 100 frustrated desires and gives the person 101 satisfied desires—with a net result of 1 satisfied desires (according to the integer view).

⁷² See Section 1.3.1 for a discussion of concurrentism.

But without desire replacement, the person would have had 100 satisfied desires and no additional frustrations. Replacement, in this example, makes the person worse off.

But I do not think the non-concurrentist view avoids the problem posed by the desire replacement case. We can simply imagine a version of the case in which 100 original desires are replaced with 201 satisfied desires. Now, even if we accept that replacement frustrates the original 100 desires, it creates a balance of 101 satisfied desires. The fact that replacement may frustrate some of the desires that get replaced only shows that, for the treatment to be guaranteed to lead to more overall desire satisfaction, those frustrated desires must be accounted for and offset by adding enough new desires.

3.6.2. The authenticity constraint

What seems true about the desires produced by the replacement treatment, and which may explain why desire replacement is bad for you, is that these new desires are artificial. To say that they are artificial is to say they are not genuine, not authentic, or not desires that in some important sense belong to you. To say they do not *belong* to you is not to say, of course, that they are desires which belong to someone else. There is one sense in which they do belong to you—once the new desires are implanted in you, they are happening to you, are located in you, and play the same type of role in your mental life that your other desires play. But they do not belong to you in another sense of ‘belong,’ which is the sense in which your desires are ones with which you identify, or

which otherwise came about as a result of a process that normally produces authentic desires.⁷³

Given that the replacement desires have this property, this suggests a solution to the desire replacement problem for the desire theorist. The desire theorist can claim that only the satisfaction of authentic desires is intrinsically good for a person.

Authentic Desire Theory: a desire satisfaction (or the object of your desire) is good for you only if it is an *authentic desire* of yours.⁷⁴

This version of the desire theory says that not all desire satisfactions are equally good for you. If a desire of yours is created by hypnosis, or some other means of manipulating you, then its satisfaction is not as good for you as the satisfaction of a desire which is truly yours. This view can be contrasted with one which says that inauthentic desire satisfactions are no worse for you than authentic ones.

This version of the desire theory appears to handle the objection involving desire replacement. It explains the badness of desire replacement by claiming that the new desires are inauthentic in virtue of the way they were created, and so even if it is true that they will get satisfied, the satisfaction of these new desires contributes less to well-being than the satisfaction of the original, authentic desires. The switching can result in lower

⁷³ I try to say more about what counts as ‘authentic desire’ below, though what I say there is mostly to admit that I do not know.

⁷⁴ Perhaps the extent to which a desire is authentic modulates how prudentially valuable its satisfaction is, rather than simply whether it is authentic or not, since authenticity of desire may be a matter of degree. In this case, the theory would say: the extent to which a desire satisfaction (or object of desire) is good for you depends on the extent to which the desire is authentic.

overall well-being despite the fact that switching creates a greater number of satisfied desires overall.

Aside from providing a plausible explanation for why switching is bad for a person, the authentic desire theory can also explain why the subject in the replacement case is not doomed to live a life without well-being. Despite our intuition that the replacement treatment makes a person worse off than no treatment, it surely will seem possible for a person who goes through this treatment to go on to live a decent life (even given that their life as a whole involves less overall desire satisfaction, which is stipulated in the case). This is because any plausible view about what makes a desire count as authentic ought to allow that someone with mostly inauthentic desires can come to have mostly authentic desires. Victims of brainwashing, or other manipulations which result in inauthentic desires, can and do manage to come to have authentic desires. This may even be a normal part of development from childhood into adulthood—a process which involves moving from a set of beliefs and desires that were instilled in us to a set of beliefs and desires which we can rightly call our own. If we imagine what would happen to you after the desire replacement treatment, we would expect a period of change that might be very similar to what would happen upon leaving a cult or becoming an adult. The once inauthentic desires would give rise to authentic ones. Perhaps even the replacement desires themselves may come to be a part of your identity through some authenticating process. In this way, the authentic desire theory can both explain why desire switching is bad for a person, while also allowing that a person who undergoes this desire switching in their twenties can go on to live a good life.

Chris Heathwood considers and responds to this sort of argument for accepting the authentic desire theory:

If I acquire a desire by means of some artificial process (such as overzealous marketing, or brainwashing), it is tempting to think that satisfying the desire is not good for me because I don't 'really want' the thing, because the desire conflicts with my 'true self', because the desire is in some way 'inauthentic'... [But] the only sense that can be made of the idea of a desire being 'inauthentic', or in conflict with one's 'true self', is that the desire conflicts with many other desires held by the person.⁷⁵

Heathwood's response is that what it means to say that a desire is inauthentic is that the desire is in conflict with many of one's other desires. And desires which are in conflict with many other desires you have are such that satisfying them means that those many other desires are frustrated. So the satisfaction of such desires can be bad for you, but only because it leads to less overall desire satisfaction. If Heathwood is right that what it means for a desire to be inauthentic is for it to be in conflict with one's other desires in this way, then no special restriction needs to be added to the desire theory to say that inauthentic desire satisfaction not good for you, because the unrestricted version of the theory can already explain why this is true. Satisfying an inauthentic desire, on his view, is intrinsically good for you, but all-things-considered bad for you because it is outweighed by all of the desire frustration this leads to.

⁷⁵ Heathwood, "Desire Satisfactionism and Hedonism," 494

But I do not think that Heathwood's account of authentic desire is correct. It is not true that inauthentic desires are nothing other than desires that are in conflict with many other desires you have. According to Robert Noggle, theories about the authenticity of desire (among other mental states) fall into three types.⁷⁶ First are "structural theories," which maintain that whether a desire is authentic or not depends on a structural relationship to some other part of that person's psychology. An example of one such relationship discussed in the literature is the relationship between first and second order desires. A second order desire is a desire about some first order desire one has which counts as an endorsement of that first order desire. Endorsed desires count as authentic, whereas those which are not endorsed (or are even opposed) are inauthentic. The second type of theory are "historical theories," which make the authenticity of a desire depend on whether it arose in the right way or was the product of certain causal processes and not others. The "right way" for a desire to arise to count as authentic, on such theories, is to not arise as a result of manipulation by some source external to the self. Finally, according to "substantive theories" of authenticity, the authenticity of a desire depends on its relationship to something like truth or goodness. So, for example, an authentic desire would be one which is directed at things which are objectively good, or are based on true beliefs, whereas inauthentic desires are not.

All three of these types of theories seem to allow for desires to count as authentic which conflict with many of one's other desires, and to count as inauthentic which do not conflict with many of one's other desires. On a substantive theory, an authentic desire is one which, for example, aims at things which are objectively good. It seems entirely

⁷⁶ Robert Noggle "Autonomy and the Paradox of Self-Creation," in *Personal Autonomy*, ed. James Stacey Taylor (Cambridge: Cambridge University Press, 2006): 87-108

possible for a desire which aims at something objectively good to conflict with many of one's other desires. An evil dictator might have all of his desires organized around conquering the world and wiping out non-white races, but also have a desire to spend all of his time taking care of and raising his child. Were he to do the latter, he could not do the former. So, according to Heathwood's theory, his desire to be with his child is inauthentic. But according to the substantive theory under consideration, this desire would be perhaps one of his only authentic desires.

An historical theory claims that a desire is authentic as long as it was produced in the right way and inauthentic otherwise. But here, too, it seems possible to imagine desires which are not produced by manipulation and which conflict with many of one's other desires. To take the last example, we can imagine the dictator's desire to spend all his time with his child was not the product of manipulation. Yet, in that example, it conflicted with virtually all of his other desires.

Structural theories are perhaps the most likely to be consistent with Heathwood's view about authenticity, since consistency among one's set of desires appears to be a matter of how one's desires are structured. However, if having a second order desire which counts as an endorsement of a first order desire is enough to make the first order desire authentic, then it is easy to imagine endorsing a desire which is in conflict with many of one's other desires. To be compatible with Heathwood's view, something more complex than having a second order desire would be required. The structural requirement for a desire to count as authentic may need to include that it a desire be consistent with many of one's other desires. However, how many of one's other desires must a desire be consistent with in order to count as authentic? Let us suppose it is

enough that satisfying the desire would lead to less overall desire satisfaction than if the desire were not satisfied. Heathwood refers to such desires as “all-things-considered defective.” One can see how such a desire might be thought to not reflect my true self, since satisfying it means getting less of what I want.

But there are two problems. First, contrary to the thought just mentioned, some all-things-considered defective desires are not obviously more authentic or more reflective of my true self than desires which are not defective. Suppose I am deliberating about whether to stay at my current job or take a new job in another city. Staying would satisfy (or allow for the satisfaction of) many desires I have and frustrate others, whereas leaving would satisfy many other desires I have, but also frustrate many of my desire. As it turns out, taking the new job would, on balance, satisfy (or allow for the satisfaction of) one additional desire. This would make my desire to stay in my current job inauthentic—not a reflection of my true self. But surely that desire is at least in some important way reflective of my true self.

Perhaps Heathwood’s authenticity must require that, for a desire to be inauthentic, satisfying it must lead to *much* more desire frustration, on balance, than not satisfying it. Put another way, an inauthentic desire is one which is incompatible with the satisfaction of the vast majority of my other desires. This seems more plausible.

However, the second problem is that, in the desire replacement case, it is part of the case that replacement will result in more overall desire satisfaction than not switching. We can add that it will result in vastly more desire satisfaction. It is hard to see how the new desires will be in conflict with many of one’s other desires. So

Heathwood's conception of authenticity would seem to have the result that the replacement desires are authentic. But this is a strange conception of authenticity.

It might be replied that the desires which would result from treatment are not *your* desires, and so do not figure into the calculation of desire satisfaction. It might even be replied that the new desires that result from treatment are inauthentic because they conflict with the satisfaction of your pre-treatment desires. But this reply fails because it seems to presuppose that the post-treatment desires are inauthentic. Why else should we say they are not your desires? If your post-treatment desires are authentic, then it doesn't matter if they conflict with the satisfaction of your pre-treatment desires, as long as they do not conflict with most of your post-treatment desires. Obviously, we cannot presuppose that your post-treatment desires are inauthentic in order to show they are inauthentic.

3.6.3 Additional reasons to accept the authenticity view

a. Importance of autonomy. Haji and Coopers suggest that we should think desires must be authentic for their satisfaction to be good for you for the same reason that we think only actions which are the result of authentic desires can be praiseworthy or blameworthy. They do not say much more about the nature of this reason, however, except to suggest that it would be surprising if it were not the same reason ("If acting on [an inauthentic] desire fails to reveal the 'quality of your will', or fails to support your being deserving of pleasure, why should its satisfaction be thought to contribute to your wellbeing?").⁷⁷

⁷⁷ Ishtiyaque Haji And Stefaan E. Cuypers, "Authenticity-Sensitive Preferentism and Educating for Well-being and Autonomy," *Journal of Philosophy of Education* 42, no. 1 (2008): 90

I think a possible way of defending the authentic desire theory is to develop the analogy suggested by Haji and Coopers. What makes autonomy worth respecting has something to do with the value of an individual's ability to weigh reasons and make evaluative judgments—in short, their perspective. Those judgments are worth respecting when they are authentic. What makes them authentic is that they are the result of reflection and deliberation.

The anti-paternalism argument against objectivist theories says that a good theory of well-being should give an individual a say in what is good for them. In this argument, paternalism appeared to be only a metaphor because paternalism involves forcing an individual to do what is good for them, and the anti-paternalism argument is not saying that objectivist theories restrict or even lead to the restriction of the freedom of individuals. Such theories do something similar to paternalism, however, which is to fail to respect an individual's perspective. This does not mean that the objectivist theory itself performs any action, but the theory fails as a theory of well-being because, according to the objection, when picking out what is good for a person, the objectivist theory ignores the importance of a person's perspective.

For a non-authentic desire theory, the failure to respect an individual's perspective simply amounts to a failure to recognize the intrinsic prudential value of getting what you want. But recognizing the value of getting what you want is compatible with failing to respect a person's perspective in a deeper way. As we have seen, on this version of the desire theory, radical replacement of a person's set of desires is good for a person so long as it leads to a greater number of desire satisfactions. But this does not always seem to make a person better off.

To see more clearly how desire replacement might conflict with a person's perspective, consider a conflict between a person's desires. Suppose I desire to spend the day drinking, but I also desire to spend the day with my family. Suppose further that the second desire is authentic, whereas the first is not. Perhaps this is because the first desire is a desire which is beyond my control due to an addiction, or because I have a higher order desire that the second desire be satisfied and not the first. Doesn't it seem that, in virtue of the fact that the second desire is authentic and not the first, that it would be better for me if the second desire were satisfied than the first? Of course, if we are inclined to say "yes," this could be because we think it is generally better for people to be with their family than to drink. So suppose instead that the conflict is between my desire to spend the day with person A and my desire to spend the day with person B. Again, the first desire is inauthentic, perhaps because the result of brainwashing or coercion, or because of a higher order desire. It still may seem that satisfying the second desire is better for me than the first.

Another consideration in favor of thinking that the satisfaction of inauthentic desires is not as good for a person as the satisfaction of authentic desires is that brainwashing seems bad for a person. It seems bad for a person even when the person who is brainwashed is getting everything that they want. Leaving a cult seems good for people in most cases, and it is not clear that the reason is that people come to have a greater number of desire satisfactions as a result, nor do their desires become stronger. The reason it is good for a person to leave a cult is that the person comes to have their own beliefs and desires.

b. Justifying the information requirement. As discussed in Chapter 2, a popular version of the desire theory says that only the satisfaction of desires you would have, or would want yourself to have, if properly informed are good for you. There are different ways to explain why it is more valuable to satisfy informed desires than uninformed desires. There are two often cited arguments in favor of the informed desire theory. The first argument begins by pointing out that the satisfaction of uninformed desires is sometimes disappointing. Part of being disappointed by getting what you want is not finding it attractive, and the resonance constraint discussed in Chapter 1 requires that an object of desire be attractive to a person in order for it to be good for them. The informed desire theory avoids saying that these disappointing desire satisfactions are good for you, and so avoids violating the resonance constraint.

The second argument says that sometimes people are ignorant of an option that they would find attractive if they were made aware of it. This motivation for the informed desire view has not to do with preventing disappointment, but with creating new desire satisfactions. The thought is, if the only explanation for why a person lacks a desire for some option is that they are unaware of that option or unaware of what taking that option would be like, then even though they do not happen to desire it, it would be good for them. But why is it good for them? One answer is that it is an additional desire satisfaction. But information can sometimes replace uninformed desires with new, informed ones.

Consider the way that liberal arts education affects a person's desires. A benefit of a liberal arts education is that, through a greater exposure to new ideas and ways of

life, a person comes to have a more developed perspective on the world and their place in it, and a better idea of what they want to do. This seems good for them because their new desires are more informed. But it may not be that they have more desires, or more desire satisfactions, as a result. Even if they do, there seems to be a unique benefit they get from having their desires cultivated through a liberal arts education. In virtue of being produced in this way, the desires of such a person appear to have a better claim to being their real desires than the desires they would have had had they had no education at all. How else can we explain this benefit except by appealing to the notion of authenticity? The new, informed desires they have are more authentic. This may be the right way to describe the effect on desire, not just of formal education, but personal growth in general. In short, the view that the satisfaction of authentic desires counts for more may be a necessary part of the justification for an informed desire theory.

3.7. Problems for the Authentic Desire Theory

While there are many advantages of the authentic desire theory, the theory also faces a number of problems. I now turn to considering just a few of those problems.

a. No clear account of authenticity. There are also problems for the authentic desire theory, however. One problem involves providing a clear account of what makes a desire count as authentic. Providing a clear account is important, not only for allowing us to accurately determine how well-off a person is, but also because without this, we cannot be entirely certain that the authentic desire view avoids the problem of desire replacement.

While providing a clear account of authentic desire is no doubt difficult, we should not assume it to be impossible, and so this problem for the view may not be a fatal one. Further, while the plausibility of the authentic desire theory may depend on the details of this account, this does not mean we cannot take some steps in evaluating the authentic desire theory without having such an account in hand. We can rely on a common sense idea of the authenticity of a desire.

b. Ad hoc. Another more serious problem is that the authentic desire view needs to be properly motivated in order to avoid the charge that it is an ad hoc addition to the desire theory. Aside from getting the right result in the desire switching described above, I have discussed a number of other reasons to find the view attractive. But there is a special kind of motivation required by subjectivists for any kind of restriction on what counts as good for a person. Subjectivists want to avoid restrictions on what counts as good for a person which cannot be explained by the original motivations for subjectivism. Such original motivations have to do with giving pride of place to an individual's own perspective in determining what is good for them. To say of someone that some of their desires are irrelevant to what is good for them will appear objectivist unless there is an explanation for why those desires are in some way not part of that person's own perspective. For example, an requirement that desires be "informed and rational" in order for their satisfaction to be good for a person can be justified on subjectivist grounds because, the reasoning goes, informed and rational desires more accurately represent what a person really wants. To give satisfy an uninformed desire can sometimes be to

give a person what they do not really want. The proponent of the authentic desire view owes us some similar story to justify the restriction to only authentic desires.

c. Counterexamples. Another problem for the authentic desire view is that some cases appear to support thinking that the satisfaction of seemingly inauthentic desires can be good for a person. The force of this problem is easier to see when we consider cases of desire frustration. If the satisfaction of authentic desires contributes more to well-being than inauthentic desires, it would seem to follow that the frustration of authentic desires detracts more from well-being than inauthentic desires. But this seems implausible. Consider a young man who, as a result of brain damage from a car accident, now has a strong, abiding desire to become a quarterback of his high school football team. Prior to the accident, the young man hated, not just football, but sports in general. This new desire to become quarterback is just as inauthentic as the desires in the replacement case, it would appear. Nevertheless, he has this desire now. So strong is his desire that his life is more or less oriented around trying to become quarterback. He practices and tries out for the team. But because of his small body, and poor hand-eye coordination, he is told by the coach that he did not make the cut, and will likely never make the cut. This desire frustration seems bad for him. But does it seem less bad for him than for a young man who is in exactly the same situation, but whose desire to be quarterback was not produced artificially? It might seem that they are equally harmed by what the coach tells them.⁷⁸

⁷⁸ I owe the details of this example to Fred Feldman. For a defense of a sort of authenticity constraint, see Wayne Sumner, *Welfare Happiness and Ethics*, (New York: Oxford University Press, 1996): 156-170. For arguments against a similar authenticity constraint on hedonism, see Fred Feldman, *What is this Thing Called Happiness?* (New York: Oxford University Press): 188-203.

Consider also a person who has been severely depressed most of their adult life, so that their depressed desires count as authentic. The desires they get as a result of treatment--desires to have friends, have a successful career, and to be in love--are therefore inauthentic. At least, they are inauthentic initially following treatment. Do we really want to say that the satisfaction of such a person's desires is less good for them than the satisfaction of those same desires in someone who was not formerly depressed (meaning that their desires are authentic)? It might seem strange to say that in either case--the high school student or the depressed person--that authenticity has an effect on the value of the desire satisfaction or frustration.

The case of depression is, I think, an even more damaging counterexample. This case is what motivates the original problem this work set out to solve. Premise (4) of that argument said

4. But there are things which could make [the depressed person] better off than they are.

If the desire theory says only desire satisfactions can make a person better off, and it also says that inauthentic desire satisfactions are not valuable, then (4) can only be true if the desires the depressed person would have if not depressed were authentic. But arguably, treatments for depression do not always produce desires which are authentic, at least in some cases. This is because some treatments for depression, like drug therapy or electroconvulsive therapy, have their anti-depressant effect through direct manipulation

of a person's brain. Such a treatment would be expected to produce desires which are no more authentic than those produced by the desire replacement therapy.

One might respond that anti-depressant treatment only serves to restore one's desires, instead of producing new, inauthentic ones. It is true that treatment often leads people to begin caring about the things that they used to care about. But some cases of depression last for many years, and in such cases, it is less clear that the desires produced by treatment are ones that person had before.⁷⁹

These considerations might also push us to reconsider our intuition that the desire replacement treatment is prudentially bad. If what makes desire replacement seem bad is that it results in inauthentic desires, but the authenticity of a desire has no bearing on how much its satisfaction contributes to well-being, then we should give up thinking desire replacement is bad.

3.8. Where this leaves the desire theory

The aim of this work was to explore solutions to the problem of depression for the desire theory. I argued in Chapter 2 that standard versions of the desire theory do not have the resources to reply to the problem of depression. In order to avoid the problem, the desire theory must be revised or made more precise in some non-standard way. The present chapter considered several ways of doing this. First, an attempt was made to solve the problem by appealing to the distinction between object and combo views about what has prudential value, but this distinction proved to be a red herring. The second attempted solution was to appeal to the distinction between the fraction view and the integer view as ways of measuring well-being on a desire theory. We saw that the

⁷⁹ See footnote 35 for more on these cases.

fraction view appeared to allow no way to represent the difference in well-being between the depressed person and the non-depressed person (as represented by A and B), but the integer view did allow the difference to be represented. But this only showed that accepting the integer view was necessary but not sufficient for solving the problem of depression.

Finally, we considered the distinction between the value of actual desire satisfactions and possible desire satisfactions. I claimed at the end of Section 3.5 that I saw no way for the actual desires view to solve the problem of depression, and focused on the possible desires view. The possible desires view seems better able to explain why the depressed person could be better off because it allows desires the depressed person could have to be relevant to how well off they are. But allowing possible desires to be relevant (together with the integer view about measurement) leads to the problem of desire replacement: the unintuitive result that we would make you better off by surgically implanting desires in such a way that you get more overall desire satisfaction.

The lesson of the desire replacement case seemed to be that allowing all desires one could have to be relevant to their well-being violates the anti-paternalism constraint—something which is supposed to be an advantage of desire theories over competing theories. The most promising solution to the problem seemed to be to restrict the desire satisfactions that are considered prudentially good to those that involve authentic desires. While the resulting view seems to get the right result in the desire replacement case (because the replacement treatment desires are inauthentic), it also fails to solve the original problem of depression (because the anti-depressant treatment desires are plausibly sometimes just as inauthentic).

While there are many other reasons to find the authentic desire theory attractive, it does not seem attractive enough to justify biting the bullet on the problem of depression. I was originally motivated to try to solve the problem of depression for the desire theory because it seemed to me to be the most serious problem the theory faced. As a result of having worked in a clinical setting with people who were severely depressed, and from my own experience with depression, a sort of keystone in my thinking about well-being is that a severely depressed person is not well-off and would be better off if not depressed, and any adequate theory of well-being ought to be able to explain this fact.

One reaction to this apparent inability of a single version of the desire theory to avoid both the problem of depression and the problem of desire replacement is to give up on the desire theory. An objective list theorist, hedonist or hybrid theorist has an easier time explaining why the depressed person is not well-off. They can say that the depressed person is badly off because their life is lacking friendship or pleasure, for example.

But I believe there are avenues that remain open to the desire theorist to solving both problems. One avenue involves arguing that the desire replacement treatment case, as it was presented in this chapter, is under-described, and that once we see what is involved and what effect it would have on a person, we would be more inclined to opt for it—or, at least, more inclined to think we ought to opt for it for our own good—even though the desires that would result would be inauthentic. It is hard to see how taking this avenue would avoid giving up on the anti-paternalism constraint, but this might be a necessary sacrifice.⁸⁰ A second avenue involves further exploration of what it takes for a desire to count as authentic. Perhaps it will turn out, on the right theory of authenticity of

⁸⁰ In conversation, Heathwood endorsed this response.

desire, that desire replacement treatment produces inauthentic desires but anti-depressant treatment does not.

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